



NHS Equality Delivery System 2

Improving services and measuring progress in NWS



April 2021 – March 2022



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Introduction

The Equality Delivery System (EDS) helps the NHS improve services for local communities, and provides a framework for better working environments, free of discrimination, for NHS staff. As an NHS trusts, at NWAS we are expected to regularly assess our progress against the EDS outcomes to ensure we are delivering in the best possible way for our people and communities. The EDS2 process allows us to demonstrate our 'due regard' for the for Public Sector Equality Duty enshrined within the Equality Act 2010.

Here at NWAS, we are aspiring to deliver services in an inclusive way for patients as well providing a supportive, inclusive environment for our staff. This ambition underpins our ED&I objectives as a Trust, and we are really proud to be able to share some of the work we have been doing to deliver to meet those objectives.

This evidence pack highlights work undertaken across the organisation in the last year for the benefit of patients and staff, in an inclusive way – meeting the needs and requirements of the diversity of people who we serve and those who work for us. The evidences presented from our corporate teams as well as operational teams such as 111 and 999 contact, Patient Transport Service (PTS) and Paramedic Emergency Service (PES) will be assessed by a panel of internal and external stakeholders, who will consider the level at which we are currently performing against each of the 18 outcomes within the EDS2. Feedback will be shared with NHS England as expected.

This document is also helpful for anyone who is interested in our work to address health inequalities within the communities we serve, as well as our work aimed at improving the employee experience of staff. We hope to build on our achievements in the coming year and continue to develop in areas of improvement.

This is the final year that we will be using EDS2 process as a new version, EDS 2022 will be operational from next year.

Lisa Ward

Director of People

This document sets out evidence relating to the four goals of EDS2:

- **Better health outcomes**
- **Improved patient access and experience**
- **A representative and supportive workforce**
- **Inclusive leadership**

Each of the goals is split into a number of outcomes. The following pages will provide information about activity and progress in each of those areas. The grading panel will review, assess and score progress in each area.

You are encouraged to think about the different protected characteristics and a range of other vulnerable or disadvantaged groups when making your decision about a score. There is no right or wrong answer – this exercise is to hear your opinion based on the information available to you.

Glossary

- **BME** – Black and Minority Ethnic (NHS England definition)
- **CDSS** – Clinical Decision Support System – computer system used by clinical staff
- **CMI** – Chartered Management Institute
- **EOC** – Emergency Operations Centres – control centres
- **FFT** – Friends and Family Test – short survey to patients about whether they would recommend NWAS to a friend
- **L&D** – Learning and Development
- **MDT** – Multi-disciplinary team
- **MECC** - Making Every Contact Count – a holistic approach to care adopted by clinicians to offer individualised care for patients
- **PES** – Paramedic Emergency Services
- **PTS** – Patient Transport Service



Goal 1: Better health outcomes

1.1. Services are commissioned, procured, designed and delivered to meet the health needs of local communities

1.1.1. What this means to NWAS in practice:

PTS	111
<p>Across the North West Patient Transport Service (PTS) is commissioned by Clinical Commissioning Groups (CCGs). The PTS contract states that <i>“all bookings must comply with the Equality Act 2010 to ensure all patients are protected against discrimination. The Provider must recognise and welcome its legal duties under the Equality Act 2010 and ensure that interpreting and translation services comply with these legislative requirements.”</i></p> <p>Understanding patients’ needs starts with the booking process and staff are trained to elicit the necessary information for each patient so that we can respond as necessary. The PTS service line provides assistance to multiple patients with the full spectrum of needs from the initial booking of the service through to journey completion. All patients are taken through the same booking process and an eligibility assessment questionnaire is applied to every booking. To help patients a pocket sized information leaflet was produced and is issued.</p> <p>The PTS management team has developed a robust working relationship with the Patient Engagement team giving access to regular feedback from service users used to improve patient experience</p>	<p>That sufficient funding is available to be able to deliver a high quality, safe patient telephone assessment of health needs via 111. NWAS 111 senior leaders are now working with Integrated Care Services (ICS) leads to ensure services are available regionally for 111 to refer into. A continuation of 2020 111 first campaign and direct booking implementation to ensure healthcare is streamlined where possible, improving patient experience.</p> <p>NWAS 111 service is on a journey to become an integrated emergency and urgent contact centre from a communication, system and workforce perspective to better meet the changing needs and demand of the people we serve in the northwest region. This has meant NWAS integrating onto the same telephony platform and all service lines using Avaya phones to aid better internal communication. This has also meant staff moving to green ambulance uniforms within 111 to appear as one unified NWAS organisation providing patient care and feeling of inclusivity and an NWAS family.</p> <p>Directory of Service is current with adequate information to ensure 111 are able to refer appropriately into services, local services presenting meet the needs of patients.</p>

1.1.2. Progress/highlights 2021-2022:

PTS	111
<p>The Patient Engagement Team are a regular agenda item on the PTS Level 2 meeting bi-monthly and the outputs from the Friends and Family Test (FFT) are regularly discussed and reviewed which in turn contributes to service improvement.</p>	<p>The Directory of Service (DOS) review group was set up to work in partnership with key stakeholders to ensure appropriate profiling and service availability across the region. For example, reviewing all mental health provision across the Northwest footprint ready for press 2 project relating to better access and collaborative working between NWAS, DoS leads and service representatives to ensure shared understanding of processes and ensure accurate and appropriate referrals</p>

<p>A Task and Finish Group was put together to understand in more detail the results of the FFT and identify areas for improvement. The return rate for PTS is excellent at 33% and more than 90% of patients rate the service as very good or good. The positive feedback to share and celebrate was from patients who said that they were reassured, made to feel special, and received an excellent service.</p> <p>The language line app was rolled out onto iPads for trial for PTS colleagues in East Lancashire and Merseyside.</p>	<p>Extended our Early Transfer to Out of hours (ETTO) calls to primary care provider services to reduce delays in patients awaiting a clinical call back and improve patient experience</p> <p>Working with ICSs to improve appointment bookings availability via GP connect.</p> <p>Continual discussions with commissioners around funding gaps for adequate staffing to match demands. Including incentivised shifts to maximise operational staffing to meet the needs of the patients, especially during what we are still experiencing from the effects of covid 19 absences amongst call centre staff.</p> <p>Introduction of cleric call pop and safety alerts to support our workforce and enhance seamless care contact episodes for patients</p> <p>Supporting our EOC colleagues with the introduction of 999 staff utilising NHS pathways to telephone triage callers for greater parity of care regardless of calling 999 or 111</p> <p>Rota review project has commenced due to the shift in demand profile and staffing shift times not matching the changing demand from service users.</p>
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1.1.3. Barriers/challenges/difficulties:

PTS	111
<p>Some of the feedback from patients through the FFT is anonymous and often when good practice or good patient experience is identified it would help to have more information from the patients.</p> <p>Many complaints about PTS are timeliness of collection and although the performance in this area is good and often meets the contractual requirement it is difficult through the complaints process to manage patients' expectations</p>	<p>Insufficient funding to manage a significant increase in demand from the public to 111</p> <p>Due to insufficient staffing 111 is experiencing delays getting through to the service or high abandonment levels of calls – contract value does not reflect demand</p> <p>Services such as mental health or emergency dental treatment services are not fully commissioned 24/7 in all areas of the northwest leading to disparity in care across postcodes.</p>

1.1.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PTS	111
<p>Senior managers working with commissioners on the PTS specification for the future – contributing as the SME for the service identifying gaps in the current service design and respond to those gaps in future contracts.</p>	<p>Negotiate sufficient funding for 2022/23 to meet new post-Covid call demand</p> <p>Exploring work force management tools to adequately schedule, monitor and support performance optimisation</p>

<p>PTS Head of Service sits on various groups as part of the NEPTS National Review to look at service delivery and improve equity of access for all eligible patients.</p> <p>Partnership working with Patient Engagement Team to review and update the PTS Patient Survey FFT so that the questions are more appropriate for PTS and should hopefully then give answers that are more useful.</p> <p>Sharing the outputs and data from the PTS Patient Survey and FFT results with taxi and private ambulance companies to ensure that all partners are aware of feedback from patients</p> <p>Mystery shoppers on taxis to review service provided and patient experience</p>	<p>Integration of a contact centre model with dual trained flexible and adaptable workforces. Trial of 111 health advisors trained to take 999 call and vice versa</p> <p>New recruitment materials and campaign to attract more staff to NWS 111, including radio broadcasts and widening access scoping events</p> <p>Cloud based azure virtual desktop homeworking to expand clinical homeworking and capability for health advisor hybrid remote working to attract and retain more employees and support work-life balance and well-being of our staff.</p>
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1.2. Individual people’s health needs are assessed and met in appropriate and effective ways

1.2.1. What this means to NWS in practice:

PES & DIGITAL	111
<p>In August 2022, NWS published a refreshed strategy with the three core aims of:</p> <ul style="list-style-type: none"> • Providing high quality inclusive care • Being a brilliant place to work for all • Working together to shape a better future <p>In order to provide better health outcomes for all our patients:</p> <ul style="list-style-type: none"> • We will listen to our patients and respect their different needs to provide compassionate, inclusive care. • We will work closely with our patients and the wider public, listening to their experiences and feedback to make improvements. • We will build effective relationships with our communities to understand their needs and make sure our services are accessible for everybody. • We will make sure we engage with people in an accessible and inclusive way. • We will make sure we share feedback from patients and the public at all levels, so we can continuously improve how we work with, and provide care for, our patients. • We will develop a plan to reduce inequalities in access, experience and health outcomes, especially for groups of patients considered vulnerable or at higher risk. • We will make better use of data. 	<p>Assessing the health needs of an individual is an integral to 111 as a first point of contact for the public navigating through the wider health care system. NWS 111 and now NWS 999 use NHS pathways which is a clinical decision support system tool which enables the assessment of callers to urgent and emergency services and has been utilised at NWS 111 since 2013, when it replaced NHS Direct. Demographic data and information is also captured on an individual’s accessibility requirements, ethnicity, age and gender.</p> <p>Ensuring the health and needs of our staff as a service has also been at the forefront of improving staff wellbeing. When we look after our staff, they are able to look after our service users. We have continued with our 111 champions to support the wellbeing and morale of our staff and making NWS good place to work, despite the demanding pressures.</p>

1.2.2. Progress/highlights 2020-2021:

PES & DIGITAL	111
<p>In 2020 NWS welcomed a Public Health Registrar, funded by Health Education England (HEE), becoming the first (and only) ambulance trust nationally to do this.</p> <p>PH Registrars, Advanced Paramedics and Community Specialist Paramedics have established pathways into social prescribing services, improving the safety net to support the Safe Care Closer to Home agenda. 13 additional social prescribing pathways have been added.</p> <p>An analysis of all out of hospital cardiac arrests by deprivation during 2016-2021, has been undertaken by the Public Health lead and findings reported to the NWS Equality, Diversity and Inclusion sub-committee. Findings from this are being utilised to: make data informed decision making for defibrillator locations and CPR training; support partnership working with cardiac networks/ICSs on CVD prevention; improve ethnicity data collection and to develop a PowerBI dashboard for out of hospital cardiac arrest data.</p> <p>A Public Health Delivery Group was established and approved the first ever NWS Public Health Plan which outlines our strategic ambition to embed public health approaches and prevention in NWS. Public health aims to improve the physical and mental health outcomes and wellbeing of people within a population by focussing on prevention and reducing health inequalities.</p> <p>Falls – We are analysing and using our data on falls to understand demand and have developed a falls dashboard. Data is beginning to be shared with ICS’s and other external partners.</p> <p>Violence Reduction – We have established links with GM Violence Reduction Unit and have developed a Violence Prevention Programme including embedding referral pathways and hosting Youth Navigators; joint attendance at Safety Roadshows and presentations in schools and colleges and work with the Street Doctors programme to teach first aid whilst providing young people with leadership experience and careers advice.</p>	<p>Supporting our 999 colleagues with the implementation and ongoing updates versions of NHS Pathways. We regularly meet with colleagues to coordinate version releases and ensure shared learning across service lines.</p> <p>Increased numbers of staff who are peer supporters or mental health champions</p> <p>A trial in October 2021 of increasing after call work from 5 seconds to 25 seconds between 111 calls has dramatically improved staff wellbeing and has been fully implemented</p> <p>NWS has reviewed the flexible working policy so that people are able to utilise this from day one of employment</p> <p>The review of rotas and festival preferencing will ensure that the shifts our staff work meet the rising demands of the service and allows some preference or influence of key and busy dates during seasons like religious festivals and bank holidays to reduce absence and support surges at peak times</p>

1.2.3. Barriers/challenges/difficulties:

PES & DIGITAL	111
<p>Developing and monitoring consistent referral pathways</p> <p>Limited public health capacity within the Trust</p>	<p>Lack of sufficient 111 resources to answer phones due to demand outstripping available resource</p> <p>NWS 111 Service under funded to deliver rising demands and needs of patients</p>

<p>Limited analytical data support and capacity</p> <p>Negotiating changing landscape around the establishment of ICS's</p>	<p>Gaps in service provision across the Northwest foot print to signpost patients and address their care needs appropriately (for example emergency dental or mental health crisis).</p>
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1.2.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PES & DIGITAL	111
<p>In 2021, a second registrar joined the Trust, and NWAS was awarded HEE funding to appoint a Population Health Fellow whose Fellowship ran from September 2021 to October 2022.</p> <p>There is currently one Public Health Registrar working on a part-time basis for the Trust with a further part-time registrar joining in January 2023.</p> <p>A public health workforce plan to extend public health capacity has been approved and plans are in place to recruit a Public Health Manager.</p> <p>The NWAS Public Health Plan was published in April 2021 and updated in 2022. Public Health leadership embedded in NWAS has begun to highlight existing work and identify opportunities to develop this, co-ordinating across the Trust and linking to wider sources of information and support.</p> <p>Over 500,000 people in the NW have undiagnosed hypertension. A pilot was conducted to share NWAS routinely collected blood pressure data with primary care, with 40% of those followed up receiving new diagnoses of hypertension or change of management.</p> <p>We have trialled level 3 trauma-informed practice training with 15 NWAS staff and are pursuing how to embed this with all staff to improve our work with vulnerable patients, manage escalating behaviour and understand and support workforce trauma</p> <p>Our mental health teams have developed data dashboards and share data with external partners. This supports our work with partners towards suicide prevention programmes.</p> <p>In 2022, NWAS refreshed its' strategy and within it made a clear and bold commitment to working with partners to prevent escalating harm and understand and tackle inequalities in access, experience or outcome. Key statements of intent regarding Better Health Outcomes include:</p> <p>We will work with our partners to improve the overall health of the public</p> <p>We will support initiatives which prioritise the needs of people in the community who are vulnerable, at high risk of illness or need to access healthcare services regularly.</p> <p>We will make 'every contact count' with everyone we care for – we will assess all their needs, provide the right treatment and make sure they have access to other health and care services to prevent them becoming more poorly.</p>	<p>The rota review is continuing to align staff to meet the demands of the service but will also provide an opportunity for better team working and operational management</p> <p>Identifying electronically when a caller is out of area to ensure the most effective care and service transfer supports a positive patient experience</p> <p>Directory of service (DOS) reviewing distances by road rather than as the crow flies to reduce inappropriate long distances for patients and return more local services, reducing cross border difficulties</p>

<p>The implementation section commits in year one to:</p> <ul style="list-style-type: none"> • Providing an equitable response, • Working with the wider health care system in the North West to increase referral opportunities 	
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1.3. Transitions from one service to another, for people in care pathways are made smoothly with everyone well informed

1.3.1. What this means to NWAS in practice:

PES & DIGITAL	CLINICAL SAFETY	111
<p>In August 2022, NWAS published a refreshed strategy with the three core aims of:</p> <ul style="list-style-type: none"> • Providing high quality inclusive care • Being a brilliant place to work for all • Working together to shape a better future <p>In order to provide better health outcomes for all our patients:</p> <ul style="list-style-type: none"> • We will provide outstanding care that is safe, effective, and focused on the needs of the patient • We will provide care in the most appropriate setting for each patient's needs, taking fewer people to emergency departments by providing safe care closer to home or referring people to other health and care pathways. 	<p>Handover of care for patients into community pathways does not add unnecessary triage and reduces unnecessary waiting. The gold standard from a clinical contact centre perspective is electronic transfer of patient records once we have completed triage. The same would apply from an "at scene" perspective, meaning that an accurate patient care record is transferred to the next point of care in a seamless manner.</p> <p>111 and EOC use NHS Pathways which means where patients require onward referral to another health service, we are able to electronically transfer copies of the patient record to 999 and to GP out of hours services and book an appointment where available. Where consent is given, we will electronically share a record of the 111 contact with the patient's own GP, known as a Post Event Message (PEM).</p> <p>Where patients have a special patient note we are able to access those and action accordingly where required. This may be where a patient is on an end-of-life pathway; do not resuscitate directive; or is the subject of a child protection order.</p> <p>Practitioners are also in place to provide specialist advice and support for patients presenting with Mental Health crisis.</p>	<p>NWAS 111 uses a Cleric system to create care records and NHS pathways or Manchester Triage tools to assess patients via the telephone. On completion of a telephone assessment the directory of service is utilised and where appropriate, patients are sign posted to the service meeting their health care needs. With the introduction of 111 first, 111 can book appointment slots at various provider locations and send ITK electronic referrals to that service, making a better patient experience by having joined up working and seamless journeys.</p> <p>Where consent is provided the patient's own GP also receives a Post Event message (PEM) so that communication is shared about a care episode. Patients own GPs can upload information on the NHS spine providing valuable information about individual care plans, end of life pathways or child protection orders, ensuring enhanced communication and supporting established care plans and pathways.</p>

1.3.2. Progress/highlights 2020-2021:

PES & DIGITAL	CLINICAL SAFETY	111
The introduction of an electronic patient record form has enabled better data capture and	Introduction of electronic devices (GETAC) on front line vehicles to support decision making and provide staff with a range of	Due the unified communication programme (UCP), 111 are now on the Avaya phone platform,

<p>collection and future developments will enhance data capture in regard to patient referrals.</p> <p>The introduction of Direct Booking in 111 has enabled clinicians and health advisors to refer appropriate patients directly into primary care appointment slots.</p> <p>A significant number of social prescribing referral pathways have been established and clinicians are now able to refer patients directly onto appropriate schemes. A feedback loop is being developed to ensure that providers can update on the outcome of referrals.</p> <p>Significant work undertaken to develop the Directory of Service so patients can be referred to the right services</p>	<p>options around alternative care pathways e.g. “service finder” app.</p> <p>Arrangements in place with primary and urgent care services to promote timely handover of patients.</p> <p>Direct transfer of suitable lower priority 999 calls direct to primary care – an agreed clinical code set is directly transferred to local primary care services for secondary telephone triage, rather than triage by the clinical hub followed by referral.</p> <p>Introduction of NHS Pathways across all Emergency Operations Centres</p> <p>Introduction of a “red phone” across maternity units in the North West to improve communication and handover of women in labour</p> <p>Ongoing work with system partners to reduce Emergency Department handover delays</p>	<p>enhancing the ability to communicate internally across NWAS</p> <p>Due to identifying large numbers of primary care outcomes that were waiting on our clinical queue for a clinician to call back, we developed an Early Transfer To Out of Hours (ETTO) to send specific DX or outcome codes straight to the primary care services identified if our 111 clinician had spoken to the caller. As this has been hugely successful, 111 have been working with various providers and expanded this wider geographically.</p>
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1.3.3. Barriers/challenges/difficulties:

PES & DIGITAL	CLINICAL SAFETY	111
<p>Developing and monitoring data regarding onward referrals</p> <p>Limited capacity of external providers to design and deliver suitable referral pathways</p> <p>Limited analytical data support and capacity</p> <p>Negotiating changing landscape around the establishment of ICS's</p>	<p>Community and acute care providers are often on different electronic systems, making interoperability challenging and can add time and/or the need for further patient triage.</p> <p>Capacity issues within primary and urgent care systems can inhibit referral of suitable patients from Ambulance Services into those services.</p> <p>Clinical data sets from Ambulance Services are not seamlessly linked with other data sets e.g. Emergency Care, Same Day Emergency Care.</p> <p>Ambulance Services record episodes of care based upon incident rather than NHS number – this is not well understood across the NHS.</p>	<p>The wider health economy is not all on the same systems, so communication and electronic transfer of information is challenged in some areas/ providers</p> <p>Many primary care services are on Adastra system, which has been open to cyber attacks and caused disruption and inability to electronically transfer care records</p> <p>The unified communication programme led to difficulties with remote homeworking of our clinical staff and connectivity issues as handsets are unable to be remotely accessed by ICT</p> <p>Many local schemes or services set up are not or don't meet the requirement standards of larger scale services to be on the directory of service meaning 111 are unable to refer into the service (for example a local falls service).</p>

	Current delays in handovers to Emergency Departments are currently impacting on availability of ambulances and subsequent response times.	Lack of clinicians and call taking staff to meet the rising demands of the service. High attrition and retention of staff in contact centre environments
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1.3.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PES & DIGITAL	CLINICAL SAFETY	111
<p>Triage system for 999 moved to NHS Pathways via the Single Primary Triage programme. All patients however they access our services will now be triaged via NHS Pathways.</p> <p>The move to NHS pathways enables our clinical and non-clinical call takers to safely triage patients and for patients to be referred to other appropriate service providers.</p> <p>The development of specialist end of life care pathways is ongoing, focussing initially on one area of the Trust.</p> <p>All clinicians now have access to the Directory of Services via NHS Service Finder which enables them to select from a wide range of onward referral pathways and plans are in place for the referral process to be made electronic for PES staff to bring them inline with our 111 provision.</p> <p>EPR phase 2 in progress which will include access to patient records and the ability to make referrals to services in the DOS from on scene</p>	<p>Ongoing work this year to improve pathways into:</p> <ul style="list-style-type: none"> -Mental Health -Palliative Care -Maternity Care 	<p>Expansion of ETTO to in hours period in addition to out of hours, enhancing the acceptance of referrals 24 hours a day 7 days a week. This minimises delays in patient care by effectively cutting out the wait for a clinician call back from 111 to arrive at same place</p> <p>Areas of expansion we have been working on since April 2022 are Chorley & south Ribble, Greater Preston, Greater Manchester (excluding Tameside & Glossip), Blackpool , Fylde & Wyre and Morecambe Bay.</p> <p>The NWAS clinical structure is under review along with the flexibility and adaptability of our workforce across emergency and urgent contact centres. An integration programme between 999 and 111 has begun to dual train non clinical staff to take 999 and 111 calls and this includes review of support and training requirements to become one NWAS and ability to support patients better by having the right people, in the right place at the right time to serve the people of the Northwest region.</p>

1.4. When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

1.4.1. What this means to NWAS in practice:

PTS	CLINICAL SAFETY	111
<p>Within PTS, in the event that staff identify concerns about patient welfare, they liaise with fellow Healthcare Professionals and if appropriate raise a safeguarding notification so that further action can be taken where necessary.</p>	<p>Across all of our services, staff are able to incident report via Datix, any patient safety incidents, which are reviewed at local level, and if appropriate will be escalated to our review of serious events meeting (ROSE) to ascertain if they meet the serious incident threshold. Learning from incidents takes place in a variety of ways such as learning forums, through education and training, changes to procedure or policy and joint learning with our system partners.</p> <p>Within our clinical areas, there is a clinical leadership framework in place for support and advice. Staff members also have additional training on vulnerable groups and are able to refer to other services should they need further input.</p> <p>The 111 service has historically used the NHS Pathways system to respond to calls for care, and this year this has been rolled out to our Emergency Operations Centres. All NHS Pathways' system-users are required to undertake prescribed training and pass assessments to a set level before they are permitted to use the system in a live environment.</p> <p>From a monitoring perspective, NWAS uses the Friends and Family Test for information about how patients have found the care provided. NWAS also has a Freedom to Speak Up Guardian to promote staff speaking up about issues.</p>	<p>The 111 service uses the NHS Pathways clinical decision-making tool to safely assess patients care needs over the telephone. All users of the NHS Pathways' system are required to undertake national Pathways training and pass assessments to a set standard before they are licenced and able to use the system.</p> <p>To ensure the safety of users of the NWAS 111 service, calls are regularly audited in line with NHS pathways licencing requirements. We use a dedicated team of Quality assurance (QA) officers to listen to calls, feedback and provide coaching to our staff either by sitting beside a staff member whilst talking live calls or listening to calls retrospectively.</p> <p>Staff are trained and recognise safeguarding concerns and NWAS have robust practices in place to make referrals via the NWAS support centre to ensure patients who have raised concerns around abuse or mistreatment and referral process are in place should the police be required.</p> <p>The 111 Clinical Governance Team (CGT) coordinate all patient and health care professional complaints and incidents where possible mistakes have been made, these are investigated and immediately actioned to prevent reoccurrence. Organisation lessons learnt is then shared with the 111-learning forum which is attended by a cross section of staff, managers, and patient panel members.</p> <p>A monthly report containing performance, audit summary, safeguarding referrals and complaints and incidents are discussed at the 111 Quality Business Group and is shared with commissioners to ensure safety of our patients at all times.</p>

1.4.2. Progress/highlights 2021-2022:

PTS	CLINICAL SAFETY	111
<p>More managers were identified to undertake Safeguarding training in order to support staff if any patient safeguarding concerns are raised.</p> <p>PTS has developed a priorities dashboard which has been aligned to CQC CLOES to identify the service line priorities in terms of patient and staff safety.</p> <p>PTS have an Incident Learning Forum which review real case studies and informs to safety improvements.</p> <p>Mental health and dementia questions are asked within the eligibility script for every booking, and all Dementia patients are allocated to an ambulance only unless travelling with an escort / carer</p>	<p>Lessons Learnt/Feedback from incidents is given either individually via a Team Manager or alternatively more widely using Clinical Bulletins, wall boards, TV screen messages.</p> <p>Learning Forums across all clinical areas</p> <p>Appointment of Trust Mental Health staff including Learning Disabilities</p> <p>Appointment of dedicated Patient Safety Specialist within the Trust</p> <p>Deep dive of our serious incident data with a review of protected characteristics – this highlighted a need for improved documentation of physical and learning disabilities</p> <p>Access to 111 Mental Health Lead during office hours for complex issues or advice.</p> <p>Robust Clinical Governance Team dealing with all 111 serious incidents, incidents, health professional feedback, complaints and compliments, supported by the wider NNAS teams.</p> <p>Monthly assurance report to commissioners and monthly Clinical Quality Assurance Groups in all footprint areas attended relating to 111.</p> <p>Within 111 calls are assessed initially by a Health Advisor. If required, some calls are either transferred to a clinician if one is</p>	<p>The QA officer role has become embedded within the 111 team and has even seen an increase in the number of staff within the team from 28 to 42. This has meant that there has been an increase in the number of audits and support provided; increasing the assurance that the care provided by staff is safe as well as identification of any themes or trends allowing for implementation of learning or changes to increase safety.</p> <p>Continuation of audits being completed in a variety of different methods including side by side (either physically or virtually) ensure staff are receiving real time feedback to allow for meaningful reflection and learning.</p> <p>Meetings that were set up in 20/21 have become fully embedded as business as usual within 111 such as Quality Business Group, Incident Learning Forum, Standard Operating Procedure (SOP) Task and Finish Group with good attendance from all staff groups within 111 and patient panel members.</p> <p>The Introduction of a contact centre Safeguarding Practitioner to support 111 and 999 with safeguarding processes, learning and training has been a welcome addition.</p> <p>Key stakeholders when working alongside NNAS safeguarding teams, have developed appropriate training materials and processes for upcoming changes (Project Emerald) to the trust's safeguarding processes to ensure that they are fit for purpose for 111 staff.</p> <p>Working alongside the High Intensity Users team we are able to identify and support these individual patients with sometimes complex needs.</p> <p>Introduction of patient public panel representatives at key meetings such as 111 Learning Forum, has aided a patients perspective to the developments and improvements we are considering or implementing, ensuring their needs are met.</p> <p>Established the 111 Development Forum that allows any staff to raise idea and suggestions of how we can make quality improvements within the service line, increasing patient safety and also service efficiencies.</p> <p>Integrated working alongside the Emergency Operations Centres as part of the Single Primary Triage project has allowed for shared learning and call levelling of NHS Pathways assessments across 999 and 111.</p>

	<p>available or queued for a clinician call back. A clinical Duty Manager is assigned throughout the 24 hour period to risk assess the queue and to manage the higher risk calls appropriately by allocating a clinician to pick them up.</p> <p>Development of a trust-wide Suicide Prevention Group and 3 year programme of work aiming to reduce the number of suicides NWAS is called to.</p>	<p>Introduction of call pop which populates the caller's number in the system, reduced the amount of handling time typing and confirming a person's telephone number, decreasing human error or inability to recontact a caller.</p> <p>Introduction of the Directory of Service (DoS) reporting tool allows staff the ability to report possible concerns or accuracy with the referral information for a particular service. The DoS team covering that region are then able to liaise with the service in question and support any improvement requirements.</p> <p>Introduction of the Good Sam app technology allows clinicians to use video consultation technology by sending a link to a caller mobile, enabling the clinician to see the patient. This improves patient reassurance that they have been seen by a healthcare professional and the assessment is more accurate, further increasing safety.</p>
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1.4.3. Barriers/challenges/difficulties:

PTS	CLINICAL SAFETY	111
<p>The ability to report on some elements is very manual to collect the information</p>	<p>This year, the increasing delays outside Acute Trusts have impacted patient safety, with harm occurring not only outside of Emergency Departments but to patients waiting for a response in the community.</p> <p>There is also a need to improve collation of data in relation to ED&I in order for us to successfully identify programmes of work</p>	<p>Staff attrition continues to present a challenge as waiting time to access the service increases.</p> <p>Increased and recurrent staff recruitment and training means the QA Officers and operational staff are required to support with preceptorship of new staff, which takes them away from other duties like auditing, staff coaching, call taking or advice line support.</p> <p>Despite increasing the QA team there are still vacancies in the team, therefore despite increasing audits numbers there remains insufficient capacity to deliver 100% audits consistently each month.</p> <p>The move to DCIQ from the Trust datix system has reduced the ability of the NWAS 111 CGT and clinical duty team to review or oversee system information in real time as this now goes to a small NWAS patient safety team who are not as familiar with NWAS 111 processes and procedures, leading to added touch points and delays in action being taken when things go wrong.</p>

1.4.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PTS	CLINICAL SAFETY	111
<p>Continue to review the PTS priorities dashboard regarding patient safety</p>	<p>Improving collation of protected characteristics data within patient safety team</p>	<p>Delivery of annual CPR workshops to ensure staff feel confident in the delivery of CPR should they be required to provide this advice to service users.</p>

<p>which is a self-assessment of where the service line is at</p> <p>Continue to hold Incident Learning Forums</p>	<p>Introduction of Patient Safety Incident Response Framework as part of NHS Patient Safety Strategy (2019)</p> <p>Improved digital systems within safeguarding team</p> <p>Ongoing workstreams across Mental Health to include suicide prevention, dementia and learning disabilities</p> <p>Public Health Registrars in post to continue work around reducing health inequalities</p> <p>Increased patient safety training</p> <p>Recruitment of a Patient Safety Learning Team within the QII Directorate.</p>	<p>CGT working alongside Patient Safety teams around the introduction and access of information to Datix Cloud IQ system to improve patient safety</p> <p>Call levelling sessions between 999 and 111 for NHS Pathways audits to ensure shared learning.</p> <p>Work has continued to establish a Contact Centre Governance Group to share processes/learning etc. across the 111 and 999 contact centres</p> <p>Continuation of recruitment to ensure adequate staffing levels to maintain patient safety.</p>
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1.5. Screening, vaccination and other health promotion services reach and benefit local communities

1.5.1. What this means to NWAS in practice:

PTS	COMMUNICATIONS
<p>NWAS is keen to promote vaccination and screening when possible. PTS are well placed to share information and 'myth bust' when discussing vaccination and other support services with patients. We make use of campaigns, such as the flu campaign, to encourage healthy choices for both staff and patients. Social media is playing an increasing role in supporting this work. We have visible leadership and support for our campaigns, with senior leaders attending launches and promoting the messages as</p>	<p>NWAS places patients at the heart of the organisation and support the delivery of excellent care for our communities, ensuring the accurate and timely flow of information to the region's diverse communities, as well as engaging with stakeholders, partner organisations and the trust's own staff.</p> <p>NWAS endeavours promote vaccination, screening, and public health initiatives when possible. We make use of national NHS campaigns, such as Help us Help You, Better Health Let's Do This and Stay Well this Winter to encourage healthy choices for both staff and public.</p> <p>Each year NWAS campaigns are developed to increase awareness and positively influence behaviour. Campaigns provide opportunities to reassure the public, provide positive health messages reinforce facts/myth bust and profile the trust externally to build confidence in the services we provide to our stakeholders and the wider public.</p> <p>In 2021/2022 campaigns included:</p> <ul style="list-style-type: none"> • NWAS Nurses promotional campaign (linked to NHS 111 services) • Publicity campaign surrounding our BBC Ambulance series.

<p>appropriate. Video is also often used as a tool.</p>	<ul style="list-style-type: none"> • Winter communication campaign to support demand, best use of services and self-help advice. • Supporting 111 national messaging. <p>NWAS use targeted public health information bursts with patient, public and community groups to raise awareness of public health support both locally and nationally. Social media video campaigns continue to support this work together with use of far reaching channels that engage with all populations such as broadcast tv (the BBC series of Ambulance).</p> <p>Never has it been more important to understand the needs of patients, their families and the communities that we serve and both inhouse and NHS campaigns, messaging and information are delivered via all our communication channels and tailored to the needs of our local communities as appropriate.</p> <p>As pressure has increased on all NHS service since the pandemic we continued to promote how to access alternative health care pathways, ie primary care, pharmacy, 111 online.</p> <p>The trust promoted cultural celebrations and used this opportunity to engage and promote health/safety messages, ensuring all our publication and messages are inclusive and representative of all the communities we serve. In addition engaged with partner agencies/community groups to share messages to ensure maximum reach.</p> <p>During 2021/22, NWAS engaged virtually with several patient and community groups on a range of topics, one was to talk about the trust's response during the Covid-19 pandemic, plans for moving out of to reassure communities that they were safe when using Ambulance services. Another focus for engagement was the importance of using NHS111 first and talking to groups about the range of options to access that service and the other services that NWAS provides.</p> <p>More than 84 virtual engagement events were attended by the trust as either principal speakers, advisory or facilitators. Virtual patient and public community engagement events continued, but looked slightly different to previous years as many of the 'face to face' high footfall events were cancelled due to the pandemic.</p> <p>Feedback has demonstrated a general high regard for the ambulance service and in particular they were treated with dignity compassion and respect.</p>
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1.5.2. Progress/highlights 2021-2022:

PTS	COMMUNICATIONS
<p>Attendance of the Public Health Registrars at PTS Management meetings to raise awareness of their remit and objectives.</p>	<p>In 2020/21 our feedback from our deaf community highlighted the increased barriers to lip reading communication due to our staff wearing personal protective equipment (PPE). Ways in which we have looked at breaking down those barriers have already included the procurement of deaf awareness training for 50 staff members, which has since been expanded.</p> <p>The trust will continue to ensure that any videos that are shown on social media are subtitled</p>

Discussions with the PHR regarding Social Prescribing group to consider comms for patients via PTS and information for staff with simplest possible referral / signposting mechanism (via CSPs or direct to providers via phone call).

Working with GM CSP and GMFRS around PTS crews being able to complete a home fire safety risk assessment on-line

PTS staff involved in the Restart a Heart campaign and supported the delivery of CPR training in the community

Our Virtual AGM was signed by a BSL interpreter.

An information booklet on using 999 services appropriately, what to expect when accessing services and advice was translated into several languages.

Ramadan 2021 guidance – developed annually helps support staff to provide the right care for Muslim patients during this fasting period and Islamic holy month. The guide includes helpful information on how clinicians can discuss medical interventions which may or may not break the fast for Muslim patients. The guide shared a reminder that anyone who has COVID-19 does not need to observe Ramadan strictly, as daily fasting is not compulsory or advisable for anyone with a medical condition.

Graphics continue to be designed and shared on social media, ensuring accessibility is factored in, ahead of predicted busy dates to reinforce why people should call 999.

NWAS supported a local '#Restartaheart' campaign during October focusing on CPR and AED awareness, providing live online CPR lessons.

Mental health information and awareness with support services available in the community was shared with our community, patient, public and staff following a rise in cases following the pandemic.

Primary care services information was shared with our patient and public stakeholder groups to reassure communities with recontacting GP, dental care, pharmacy and optometry primary care services during high demand periods.

Your Call newsletter, dedicated to NWAS news which is widely distributed to our stakeholder and community contacts in the region; shared stories of a paramedic overcoming mental health issues, and EMT who used the pre-employment course which is aimed underrepresented staff groups, and the story of a paramedic with ADHD and Asperger's – Autumn 2021.

#WorkWithoutFear national ambulance campaign commenced in January 2022 remains an ongoing campaign to ensure staff are protected to deliver care safely in communities.

An in-house developed and award winning suicide prevention toolkit was launched to help, support and educate everyone in the organisation about the risks of suicide within the workplace, promoting good practice and encouraging healthy conversation to remove the stigma often associated with mental health problems and suicide.

Launched a Disability network which is made up of staff from all areas of the trust and works closely with the National Ambulance Disability Network to share best practice around supporting staff with disabilities and guide the ambulance sector on disability related issues.

1.5.3. Barriers/challenges/difficulties:

PTS	COMMUNICATIONS
Not specified	Not specified

April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PTS	COMMUNICATIONS
Not specified	Trust communications and engagement plans developed for 2022/23 take into consideration a hybrid use of face to face and digital platforms to relay public health messages and awareness campaigns as well as to actively engage with our communities respectively. Region based community events will be held and will focus on engaging with the public on their experiences.



Goal 2: Improved patient access and experience

2.1. People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

2.1.1. What this means to NWS in practice:

PTS	PES & DIGITAL	111	COMMUNICATIONS
<p>Understanding patients' needs starts with the booking process and staff are trained to elicit the necessary information for each patient so that we can respond as necessary. The PTS service line provides assistance to multiple patients with the full spectrum of needs from the initial booking of the service through to journey completion. All patients are taken through the same booking process and an eligibility assessment questionnaire is applied to every booking. To help patients a pocket sized information leaflet was produced and is issued.</p> <p>In the event that a patient is not eligible for patient transport they are signposted to other community groups who may be able to support them.</p> <p>We recognise that vulnerability takes many forms including medical, physical,</p>	<p>In August 2022, NWS published a refreshed strategy with the three core aims of:</p> <p>Providing high quality inclusive care</p> <p>Being a brilliant place to work for all</p> <p>Working together to shape a better future</p> <p>In order to improve patient access and experience for all our patients:</p> <p>We will listen to our patients and respect their different needs to provide compassionate, inclusive care.</p> <p>We will work closely with our patients and the wider public, listening to their experiences and feedback to make improvements.</p>	<p>NWS 111 is a service that conducts primary assessments of patients presenting with urgent care needs and provides signposting or onward referral to the appropriate services, therefore providing access to services for patients is at the forefront of all operational aspects within 111.</p> <p>We are able to communicate with patients or their representatives in different formats. While taking the patient demographics we ask an accessible information standard question. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand,</p>	<p>The trust Executive Leadership Committee has adopted a five year Patient, Public and Community Engagement Framework 2020/25 which overarches an annually developed NWS Patient, Public and Community Engagement Improvement Plan. – the plan takes into account targeted engagement with our diverse patient, public and community interest groups where historically we only used to meet with them face to face, however, following the COVID -19 pandemic this has been morphed to a combination of predominantly virtual and where applicable face to face engagement. Feedback on Ambulance access initiatives and concerns are elicited by providing verbal Ambulance service updates at these sessions. Other access concern feedback initiatives employed at the trust ensure use of regular information bursts sent to our community groups, opportunity to feedback on our Talk to Us email inbox and on our trust website Get Involved, Share Your Experience 'Tell Us How We Did' PES, PTS.</p>

psychological conditions and communication difficulties.	<p>We will build effective relationships with our communities to understand their needs and make sure our services are accessible for everybody.</p> <p>We will make sure we engage with people in an accessible and inclusive way.</p>	and any communication support that they need.	UCD and NHS 111 First digital surveys and Friends and Family Test sms text messages sent to 1% users of our PES and PTS services. Further support on this is also provided by the diverse range of membership with our established volunteer NWAS Patient and Public Panel (PPP).
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2.1.2. Progress/highlights 2021-2022:

PTS	PES & DIGITAL	111	COMMUNICATIONS
<p>Service accessibility - we continue to subscribe to Language Line in order to promote accessibility for non-English speakers throughout the booking process. Sign Language or Next Generation Text Relay (previously known as Type Talk).</p> <p>PTS were involved in a trial of the Language Line App accessible via iPads</p> <p>Patient Engagement Dashboard is now shared with managers at a monthly L2 meeting</p> <p>Patient Engagement is shared with Third Party suppliers – Taxis and private ambulance organisations</p>	<p>All patients however they access our service are able to be referred to onward pathways.</p> <p>Patients who aren't registered with a GP or who are from out of area are still able to be triaged and referred onwards if appropriate.</p> <p>Our High Intensity Users team are able to support frequent callers with care plans and additional help and ensure any new trends in callers are identified. The team attend multi-disciplinary meetings to ensure a joined up approach to supporting these patients.</p> <p>Clinicians and call takers all have access to Language Line to ensure patients are able to access our services effectively.</p> <p>Something about callers with any other additional needs?</p>	<p>Service Advisors continue to signpost asymptomatic patients to appropriate services.</p> <p>Improvements to 111 Interactive Voice Response (IVR) stream patients appropriately to meet patient's needs. Including signposting to 111 online in the event of delayed call answering in 111</p> <p>Introduction of SMS self-care advice.</p> <p>Move to GoodSam app for video consultation by clinicians for improved experience and assessment accuracy.</p> <p>Continuation of access to primary care appointments for patients requiring them.</p>	<p>Attendance in a principal speaker, advisor, or facilitator capacity at 84 virtual community patient and public community engagement events. These include Salford Mental Health Forum, Healthwatch, Blackpool Learning Disability Group, Black History Month activities, Caribbean and African Health Network, Dementia Café and CCG conferences. Our engagement has looked slightly different to previous years as many of the 'face to face' high footfall events that we would usually attend such as freshers' fairs, Disability Awareness Days and PRIDE were cancelled due to the pandemic.</p> <p>Maintenance of a central log to ensure attendance and feedback received at virtual community patient and public community engagement events is captured for thematic analysis..</p> <p>At end March 2022 there were 213 PPP members fully inducted, with most already involved in the work of the trust.</p> <p>We have successfully recruited 44 (22%) PPP members in the younger age bracket (16-24) achieving our 20% target set for the year.</p>

		<p>Continuation of the ability to book arrival times at ED's as part of 111 first.</p> <p>Introduction of SMS text relay services for those patients that require it.</p> <p>Improved service with Language Line</p> <p>Development of Azure remote working kits which provides more reliable access to staff working remotely.</p> <p>Working with 111 Clinical Governance Team and Directory of Service (DoS) teams to ensure services are correctly profiled and that patients are being directed to appropriate services, including listening to healthcare professional's feedback.</p> <p>SharePoint posts to educate staff on DoS options to increase appropriate selection of services that present.</p> <p>Utilise the information from the DoS reporting tool to implement changes to the DoS.</p>	<p>From April 2021 to March 2022, PPP members have been invited to get involved in 113 opportunities with staff across the trust. The PPP have been able to get involved in regular high-level meetings (area learning forums, learning from deaths and Q&A sessions with Board members), Trust Strategy Refresh and Review meetings, handover improvement sessions and a range of PPP personal development events.</p> <p>A high 94.2% of PTS and 92.9% of PES patients stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'.</p> <p>Cumulatively, trust-wide, we saw 87.8% of responding patients stating that they found their experience of using our services 'very good or good'.</p> <p>During 2021/22 we fulfilled 37,399 (20,529 in 20/21) language line service requests using 93 (77 in 20/21) different languages across all of our service lines.</p> <p>Some examples of access initiatives for our NWS communities include:</p> <p>ReciteMe via Google software has been procured to support both language and disability access with information availability.</p> <p>NWS Faith and Culture Card made available with the Directory of Services (DOS) to support a range of considerations including Ambulance end of life patient care when working with different faith groups.</p> <p>Pilot use of PPE with clear facial screens, to support lipreading when staff are using PPE masks</p> <p>Use of a pictorial handbook with patients having communication difficulties inclusive of learning disabilities and introduction of a pilot online deaf</p>
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			<p>awareness training programme for staff. The pilot programme trained 125 staff within the trust.</p> <p>To support wider access with sensory disabilities, we continue to ensure our videos or films we produce have subtitles and audio description.</p> <p>Whilst we have used Microsoft Teams for most of our patient, public and community engagement in 2021/22, feedback told us that Zoom is much more accessible for those with additional accessibility needs. As a result of this we have purchased a Zoom licence for use with our North West groups</p> <p>SMS is offered for receiving Friends and Family Test feedback. SMS is also offered to PTS patients as a booking reminder 3 days prior and on the day of transport.</p> <p>se of Language Line and BSL video relay for operational staff PES, NHS 111 and PTS</p> <p>NHS111 'Co-Sign' and PES 999 BSL video relay service for deaf patients.</p> <p>Patient stories on how we engaged and what we have learned from our NWS communities with BSL translation support, Assistance Dogs Guidance, and Language Line support for operational staff respectively have been produced and shared with the Board.</p> <p>Advocacy support is available for booking PTS transport, giving feedback or making a complaint.</p>
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2.1.3. Barriers/challenges/difficulties:

PTS	PES & DIGITAL	111	COMMUNICATIONS
Not specified	<p>Limited availability of data to understand the characteristics of the people who use our services</p> <p>Limited analytical data support and capacity</p>	<p>Language line interpreter availability remains a challenge for specific languages</p> <p>Delayed patient call backs from some OOH providers referred from 111</p> <p>Availability of bookable appointments within primary care by 111 Health Advisor's results in patients waiting for 111 clinician call-backs which delays patient care in a definitive setting.</p> <p>Although DoS is not owned by NWS and services report directly to commissioners, the lack of an on-call DoS team to switch services off when a particular service over extends its capacity means that 111 can still refer into the service electronically. This then impacts and increases concerns for our patients as the services email NWS stating long delays and reduced capacity. In order to support patients to navigate the wider health care system or direct them to alternative care is a manual and time-consuming process.</p>	<p>The trust developed a clear framework commitment to patient, public and community engagement for 2020/25. This framework advocates face to face engagement wherever possible. Unfortunately, this approach had been significantly impacted by the COVID-19 pandemic. As a result, Patient, Public and Community Engagement Plans during 2020/21 demonstrated alternative channels of engagement and the trialling of new approaches with a particular focus on virtual engagement. However, not all patients, members of the public and community individuals are affiliated with patient or community groups with many having no access to or are confident enough when engaging with these tools, e.g. Older persons and use of software confidence, BAME communities where there are limited opportunities to be part of a community group organisation alongside language confidence issues or with deaf communities and virtual communication access. In addition, due to the wider considerations with social distancing during Summer 21 and public gatherings – a further challenge was replicating the positive impact when engaging with far-reaching NWS patients, public and communities shown by historical trust attendance at high footfall community events such as Health Melas, Pride, Windrush and Disability Awareness Day.</p>

2.1.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PTS	PES & DIGITAL	111	COMMUNICATIONS
<p>PTS actively involved in the future design specification</p> <p>PTS actively involved in the NEPTS National Review</p> <p>PTS actively supporting community events with the Comms team and Patient Engagement Team</p>	<p>The move to NHS pathways enables our clinical and non-clinical call takers to safely triage patients and for patients to be referred to other appropriate service providers.</p> <p>Online as well as telephone booking for Patient Transport Service with journey update texts</p> <p>Online access to 111 enabling online triage and referral</p>	<p>Continue to trial Azure remote working kits with a view to rolling out across all remote workers.</p> <p>Work ongoing around using sign language</p>	<p>An annual Patient Public and Community Engagement Implementation Plan 2022/23 supports delivery of this overarching objective. A draft 2022/23 plan has been developed and assumes a hybrid engagement impact with face to face and virtual engagement activities.</p> <p>Focus areas for the plan in the year ahead includes:</p> <ul style="list-style-type: none"> •Continued growth of our Panel membership to include greater numbers of young people (16-24) as well as more representation from our ethnic minority community. Part of this

<p>PTS working with the Widening Access Team at events across the region in order to improve recruitment but at the same time being visible in the community</p>	<p>All clinicians now have access to the Directory of Services via NHS Service Finder which enables them to select from a wide range of onward referral pathways and plans are in place for the referral process to be made electronic for PES staff to bring them inline with our 111 provision.</p> <p>Plans are in place to develop dashboards that disaggregate our data more effectively enabling us to check that are services are available and utilised by all of the populations we serve.</p> <p>We are developing a specialist Autism and Learning Disability plan in collaboration with our service users, their families and other stakeholders and this will outline the actions we can take to ensure this group of patients are able to effectively access our services.</p> <p>EPR phase 2 in progress which will include access to patient records and the ability to make referrals to services in the DOS from on scene</p>	<p>interpreters to wider access to patients.</p>	<p>work includes the launch of a new young persons 'Ambulance Academy' on our website, developed in conjunction with existing Panel youth members as well as other youth groups in the community.</p> <ul style="list-style-type: none"> •Continued engagement with our North West patient, public and community groups via 5 specific NWAS 'Back to Basics' face to face community engagement events, one in each North West county area, which will provide access reassurance as we emerge from the pandemic regarding the safety and availability of ambulance services in our North West communities. •Weekly PPP round up Newsletter and regular info -burst messaging for our NWAS community contacts database - This will be combined with the provision of information that may help benefit their health and well-being. •Ongoing contractual review of our Language Line services which ensures monthly governance meetings as applicable with principal leads at the trust responsible for this area of patient access to trust services. •Continued use of digital patient experience channels to ensure best practice support with obtaining patient survey and SMS FFT feedback. •Review of the trust 'Faith and Culture Card' in conjunction with the PPP to support discussions around Ambulance end of life patient care and also the different cultural considerations when working with our North West faith groups. •Ongoing work on a new pictorial communication handbook which will be co-produced by the PPP, learning disability, deaf and ethnic minority patient and community groups to be more representative of the communities that we serve. •Development of a patient engagement learning dashboards, which will support the wider circulation and use of patient feedback as a learning opportunity within the trust. Both
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			quantitative and qualitative themed analysis as well as levels of patient satisfaction, FFT performance and dignity and respect data will be shared with operational staff at the trust.
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2.2. People are informed and supported to be as involved as they wish to be in decisions about their care

2.2.1. What this means to NWAS in practice:

PTS	PES & DIGITAL	111
<p>PTS have regular contact with renal patients travelling several times each week, this is an opportunity for discussions to take place with regard to the needs of these patients and the PTS staff to actively seek feedback in terms of what the patients' needs are. This is often related to mobility and accessibility. Through this discussion the crews can feedback to the despatch teams to ensure that the most appropriate transport is sent to patients. This in turn ensure safety for patients and a better experience.</p>	<p>In August 2022, NWAS published a refreshed strategy with the three core aims of:</p> <p>Providing high quality inclusive care</p> <p>Being a brilliant place to work for all</p> <p>Working together to shape a better future</p> <p>In order to improve patient access and experience for all our patients:</p> <p>We will listen to our patients and respect their different needs to provide compassionate, inclusive care.</p> <p>We will work closely with our patients and the wider public, listening to their experiences and feedback to make improvements.</p> <p>We will build effective relationships with our communities to understand their needs and make sure our services are accessible for everybody.</p> <p>We will make sure we engage with people in an accessible and inclusive way.</p>	<p>Person centred care is embedded in NWAS strategy and that is something that we in 111 encourage all staff to consider when assessing patients.</p> <p>Staff are encouraged to listen to patients wishes and to ensure that they are fully informed around the management of their care episode.</p>

2.2.2. Progress/highlights 2021-2022:

PTS	PES & DIGITAL	111
<p>PTS have regular contact with renal patients travelling several times each week, this is an opportunity for discussions to take place with regard to the needs of these patients and the PTS staff to actively seek feedback in terms of what the patients' needs are. This is often related to mobility and accessibility. Through this discussion the crews can feedback to the despatch teams to ensure that the most appropriate transport is sent to patients. This in turn ensure safety for patients and a better experience.</p>	<p>All clinicians are trained in making decisions around capacity of patients and are able to support patients to make decisions about their care.</p> <p>Mental Health specialist clinicians are available in 111 and 999 to enable clinicians to obtain advice to support patients in making decisions regarding their care.</p>	<p>Where possible assessments are undertaken with the patient directly or where possible that that the caller is with the patient. This ensures that the patient is involved and aware of the outcome and options following assessment.</p> <p>SMS messaging introduced to provide care advice following an assessment</p> <p>Working with NWAS digital teams to develop live information sharing internally within NWAS service lines and access to real time patient records.</p> <p>Access to clinical support where patients don't feel their outcome is appropriate to ensure that patients views are considered and understood at all points during their contact with NWAS.</p>

2.2.3. Barriers/challenges/difficulties:

PTS	PES & DIGITAL	111
Not Specified	Not Specified	<p>Insufficient funding and difficulties recruiting clinical staff results in low Clinician staffing</p> <p>Low clinical levels lead to delays in patients and their families getting clinical assessments or clinical advice, with these calls consistently outside of the 10 min call back target</p> <p>Often the service the patient would like or wishes to attend do not have available appointments available or the next appropriate service commissioned for the care need are a further distance away than the patient would like</p>

2.2.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PTS	PES & DIGITAL	111
<p>Please can you tell us what you are working on this year to support the overarching theme</p> <p>Continue to work with the Patient Engagement Team and attend Patient and Public Panel meetings to encourage feedback from the community that use the service and improve access as appropriate</p>	<p>We are developing a specialist Autism and Learning Disability plan in collaboration with our service users, their families and other stakeholders and this will outline the actions we can take to ensure this group of patients are supported to make decisions regarding their care</p> <p>We are developing end of life care expertise enabling our clinicians to ensure the wishes of end of life care patients are foremost in decisions regarding their care.</p> <p>Work planned to deliver joint responses with Mental Health Providers for Mental Health patients in the EOC and through joint response vehicles</p>	<p>Continue to expand the SMS care advice work by introducing text messaging to advise a clinician has tried to call you from 111 to increase contact rates</p> <p>Explore ways in which 111 can use the SMS technology to replace comfort or welfare telephone calls when patients are waiting for a clinical call back to advise they are in the queue and if anything changes then get back in touch, to reduce the number of calls back into the service asking about where the call back is up to</p> <p>Introduction of as the road travels rather than as the crow flies so that service returning on the Directory of service are more suitable and sometimes less distance for patients (this is especially true for services in Ellesmere port or Wirral for example where a body of water sits in the middle)</p>

2.3. People report positive experiences of the NHS

2.3.1. What this means to NWAS in practice:

COMMUNICATIONS

Targeted patient engagement interventions with protected characteristic patient, public and communities where; a range of inclusive methods are used to elicit patient experience feedback with trust services, including in real time.

2.3.2. Progress/highlights 2021-2022:

COMMUNICATIONS

Successful delivery of a trust patient experience programme in 2021/22 as identified in the PE Annual Report 2021.22.

Data capture and availability which shows a range of methods used to engage a diversity of protected characteristics - with a view to elicit positive feedback from our NWAS patients, public and communities. A significant 23,284 patients have provided us with feedback on our patient engagement surveys.

The successful establishment of a diverse NWAS Patient and Public Panel (PPP) with 213 panel members already inducted, which gives patients/the public from all communities a voice in sharing good practice and the chance to have their views acted upon by the trust.

PE team attendance at 84 virtual 'face to face' patient, public and community engagement events with our diverse communities from across the North West region.

Availability of both quantitative and qualitative survey feedback information and data with e.g. high levels of FFT, patient satisfaction and dignity and respect data. 86.9% (-4% from 20.21) of PES patients felt their overall experience of the service was either good or very good with 92.90% (+4% from 20.21) stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'.

92.7% of NHS 111 First patients and 88.5% of PTS patients also felt their overall experience of the respective services was either good or very good with 94.2% (+6.7% from 20.21) of PTS patients stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'

Protected characteristics- demographic data capture with re PPP membership, survey respondents and virtual 'face to face' patient, public and community engagement events attendance.

Learning and service improvement activities undertaken or in train resulting from patient engagement feedback

2.3.3. Barriers/challenges/difficulties:

COMMUNICATIONS

Following the COVID-19 pandemic and on the back of national and local guidance we ceased the proactive sending out of postal surveys to; requesting patients to complete patient experience surveys digitally and online. This has provided fewer returns than what we were used to receiving.

Further to Covid – there has been a lack of face to face interaction e.g. with PPP taster events and inductions where we could physically meet and connect with our prospective PPP volunteers as well as those that were digitally excluded showing an interest.

Unable to attend high footfall community engagement events due to Covid -19 restrictions with safe distancing - this limited our ability to meet as many young persons as we would historically, individuals from communities that were digitally excluded including deaf and ethnic minority communities at e.g. events such as health mela's, Disability Awareness Day, LGBT PRIDE, family health days etc.

Challenges and barriers to obtaining perceptions of working in Ambulance services with ethnic minority and underrepresented groups at careers/recruitment fairs due to the national guidance on safe distancing at community events in this period.

Gaps in engagement due to collective anxieties with meeting in large groups and a range of other restrictions e.g. funding with patient groups not meeting e.g. deaf communities and ethnic minority communities.

Good practice examples of patient feedback may not always lend themselves to trust learning

Process restrictions – e.g. 2 hr pick up times PTS safe distancing in vehicles and non availability of appointments /outpatients in hospitals.

2.3.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

COMMUNICATIONS

An annual Patient Public and Community Engagement Implementation Plan 2022/23 supports continued delivery of this overarching objective. A 2022/23 plan has been developed and assumes a hybrid approach with engagement using both face to face and virtual activities.

Focus areas for the plan in the year ahead includes:

Continued engagement with our North West patient, public and community groups using best practice digital and online tools as well as face to face where practicable..

Continued use of digital patient experience channels to ensure best practice support with obtaining patient survey and SMS FFT feedback.

Continued growth of our Panel membership to include greater numbers of young people (16-24) as well as more representation from our ethnic minority community. Part of this work includes the launch of a new young persons 'Ambulance Academy' on our website, developed in conjunction with existing Panel youth members as well as other youth groups in the community.

Continued engagement with our North West patient, public and community groups via 5 specific NWS 'Back to Basics' face to face community engagement events, one in each North West county area, which will provide opportunities for attendees to share positive feedback and experiences with NWS services with patient engagement team members.

Development of a patient engagement learning dashboards, which will support the wider circulation and use of patient feedback as a learning opportunity within the trust. Both quantitative and qualitative themed analysis as well as levels of patient satisfaction, FFT performance and dignity and respect data will be shared with operational staff at the trust.

2.4. People's complaints about services are handled respectfully and efficiently

2.4.1. What this means to NWS in practice:

PATIENT SAFETY

Acknowledging all people's complaints within 5 working days and setting a personalised communications plan with the complainant to communicate updates with them about the investigation into their complaint at a time appropriate to them, via a communication platform most appropriate for them and where necessary, using the most appropriate language through translation services as necessary. Providing a parable service to all who access it and ensuring that all communication needs are met and documented appropriately

2.4.2. Progress/highlights 2021-2022:

PATIENT SAFETY

During the reporting period, the Trust received 2,180 complaints, equating to 182 complaints per month. Complaints are scored according to the severity of the issue from 1 (least serious) to 5 (significant harm or death). All complaints which are scored 4-5 are reviewed at the Review of Serious Events meeting.

Complaints can be made by various different routes including by telephone, online or by letter. Of the 2,180 complaints 59% were raised online via the NWS website, 39% were raised by telephone and just 1% were raised via letter.

The following table details the number if complaints received by their risk score and by quarter:

Complaints received	Q1	Q2	Q3	Q4	TOTAL
<i>Level 1 and 2 (less serious)</i>					
	421	469	399	346	1,635
<i>Level 3 (Moderate)</i>					
	88	156	107	76	427
<i>Level 4 and 5 (Serious)</i>					
	26	26	33	33	118

With the move from Datix Web to Datix Cloud IQ (DCIQ), the Complaints Administration team will now capture data relating to Ethnicity of complainants and patients. This data is captured at data entry level but is not readily available to investigators when the case is allocated to them to reduce any risk of bias. Investigators will capture data related to any protected characteristics identified during the investigation to help identify health inequalities and inform reporting. This includes capturing preferred pronouns where applicable to ensure that response letters are written correctly reflecting these preferences. The Trust's Investigation & Case Assessment proforma has a section specifically for capturing demographic data and these sections are collapsible and lockable from view when the document is shared.

The team continue to use the support of Language Line to have conversations with complaints over the telephone. They will utilise interpreters to support face to face visits and have commissioned several response letters to be translated into a first language for a complainant or have increased font text size for complainant with visual impairments where this has been identified by the Investigator during Comms planning stages.

2.4.3. Barriers/challenges/difficulties:

PATIENT SAFETY

Manually capturing protected characteristics and demographic information such as ethnicity from people who are making complaints can cause conflict with complainants who are suspicious of why they are being asked for that information when they are calling to make a complaint or raise an issue. The team are working with the Trust's ICT team to identify a secure online solution for on line complaints to capture EDI that information and it be entered straight into the DCIQ system negating the administrators having to have those conversations.

2.4.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

PATIENT SAFETY

Improving Investigation Quality assurance with the implementation of an Investigation Audit tool

Monitoring compliance with data capturing of ethnicity details of complainants and patients

Triangulating learning data with data captured regarding protected characteristics or disability to identify themes and trends with health inequalities within our communities

The implementation of the national Patient Safety Incident Response Framework to further centralise all high-level investigations as collaborative investigations putting the patient and/or their families at the centre of everything we do.

The formation of a PALS Service to effectively manage all enquiries into the Trust by one centralised team to improve parity of service and improve access for all service users by all enquiries into the Trust coming into one centralised team and being cascaded through the Trust from them as opposed to an expectation of individuals being able to identify and access the correct team themselves.

The complaints team are keen to identify the quality of complaint handling and have therefore engaged with the Trust's Patient Engagement team to identify an appropriate method of capturing satisfaction feedback from complainants after they have received a complaint response.



Goal 3: A representative and supported workforce

3.1. Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

3.1.1. What this means to NWAS in practice:

HR HUB	WIDENING PARTICIPATION	POSITIVE ACTION
<p>NWAS aspires to be a model employer in terms of attracting the best candidates from all sections of society and creating a workforce which reflects our local community. We actively seek out and attend a variety of events and engagement opportunities to get to know our communities and also our workforce, with attention to groups and communities that are underrepresented in our workplace. We acknowledge that we are currently underrepresented in terms of staff with disabilities and from BME backgrounds. The Trust have recently had approval from Trust Board that we are signed up to aim to recruit up to 20% of people from BAME backgrounds for the Trust to have a true representation of the diverse communities throughout the North West.</p> <p>NWAS' policies and procedures are regularly reviewed to ensure that the most efficient and effective recruitment and selection methods are used for each role, and aim to support and encourage job applications from a wide range of backgrounds. This includes: reasonable adjustments for applicants with a disability; recruitment materials available in alternative formats; adverts including a statement that we will not tolerate discrimination of any kind.</p>	<p>NWAS continued to attend many career events across the region to provide essential information advice and guidance (IAG) to young people regarding NHS careers and next steps towards their aspiration, all vital to engage our future talent pipeline and future workforce that is representative of the people we serve. Even during the Pandemic this year alone, we have maintained NWAS's presence both in a virtual realm and face to face to ensure that we target harder to reach young people. Over 58 schools/colleges/alternative provisions have benefitted from this activity.</p> <p>NWAS has undertaken targeted work alongside the Department of Work and Pensions (DWP), Ingeus, RESTART, Growth Company, Lancs Skills and Employment Hub, Employability Solutions Liverpool, Ways to work, Military organisations and many more, to bring NWAS roles to the masses. We have enabled these organisations and their clients to look at us as an employer of choice, seeing the variety of roles and support available to progress towards careers in NWAS. This has taken shape in the form of jobs fairs, referral for 1:1 support, careers IAG, access to pre-employment opportunities.</p> <p>1:1 in depth support = 40 individuals on multiple occasions.</p> <p>NWAS delivers a comprehensive Pre-employment program to assist in the recruitment to PTS roles, the team have ensured</p>	<p>Candidate attraction - NWAS aspires to be an employer of choice in attracting candidates from all sections of society and developing a workforce representative of local communities. The Positive Action team has continued to attend targeted events across the North West in key demographic areas supporting events by Departments of Work and Pensions (DWPs), housing associations, local authorities, military organisations, and employability organisations, as well as delivering bespoke positive action initiatives, for example, information with regards careers to the Jewish community in Greater Manchester, the Muslim community (events at mosques and Islamic centres), and diverse communities in Liverpool. Information advice and guidance is offered alongside one to one support throughout the recruitment process, as well as bespoke community engagement to promote careers to diverse applicants. NWAS' recruitment pages are reviewed regularly to ensure they are inclusive, for example, use of positive action imagery. All staff network members are invited to support events.</p> <p>Adverts and applications - NWAS' policies and procedures are regularly reviewed to ensure that</p>

<p>Equality and diversity data is not shared with Recruiting Managers during the recruitment cycle.</p> <p>Observations and placement opportunities are available within NWS targeted at a variety of groups to improve their chances of obtaining successful employment within NWS or the wider NHS. NWS takes the initiative to promote opportunities to people from diverse backgrounds, engaging with job centres, recruitment fairs, universities, schools and community groups across the region.</p>	<p>that targeted work within the local communities has been undertaken to promote these opportunities. NWS seeks feedback from candidates across all programmes accessed to evaluate and continuously improve our programmes. Within this reporting time frame 4 successful programs have completed with individuals successfully transitioning into employment.</p> <p>NWS continues to Pledge to the Step into Health and provided dedicated people for military personal who are either transitioning or veterans to talk to about opportunities within our organisation. Being able to provide more information on the careers available within NWS, access to information sessions, give application guidance and answer questions on the wider NHS. A total of 76 referrals have been received via this candidate referral system within this reporting timeframe.</p>	<p>the most efficient and effective recruitment and selection methods are used for each role and aim to support and encourage job applications from a wide range of backgrounds. This includes reasonable adjustments for applicants with a disability; recruitment materials available in alternative formats; adverts including a statement that we will not tolerate discrimination of any kind. Job descriptions are reviewed to ensure they are inclusive and new roles are scrutinised and assessed via a rigorous job evaluation process with fully trained staff. "Recite Me" web accessibility and language toolbar has been added to our website to make it accessible and inclusive for as many people as possible, for example, people with dyslexia or sight loss or people where English is not their first language.</p> <p>Shortlisting and assessment – inclusivity has been embedded across the shortlisting and assessment processes including implementation of diverse interview panels, interview questions based on equality, diversity and inclusion; equality and diversity data is not shared with Recruiting Managers during the recruitment cycle; members of all staff networks invited to be trained in recruitment and selection and be representative on interview panels.</p> <p>Developing workforce understanding – review of the Recruitment and Selection Masterclass and delivery of training to recruiting managers/staff members in the recruitment process.</p>
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3.1.2. Progress/highlights 2021-2022:

HR HUB	WIDENING PARTICIPATION	POSITIVE ACTION
<p>Reintroduction of the recruitment and selection masterclass, the HR Hub team also included involvement from the L&OD and Inclusion team in the rewrite and is constant under review with updated processes.</p> <p>Appointment of additional staff into the Inclusion and Widening Access teams including additional Positive Action Officer and Widening Access Coordinators.</p> <p>Expanded apprenticeship/job opportunities and positive action recruitment.</p> <p>Recruitment tracking for applications from BAME groups, monitoring E&D information throughout each stage of the recruitment process and highlight applications that may require further support from unrepresented groups.</p> <p>Adverts include E&D statement but has been amended to read at the top of all our adverts to promote inclusivity as it was originally at the bottom of all adverts.</p> <p>Application guidance document attached to all adverts to explain how to apply and what the Trust are looking for in an application.</p> <p>Pre-employment programme which is focussed on providing support to perspective applicants provided by the benefits agency has continued and now offers help for applicants looking to apply for Emergency Medical Advisor roles (999 call taker) as well as Ambulance Care Assistant.</p> <p>Providing support to those from Armed Forces. The Trust are also signed up to shortlisting applications that meet the minimum criteria from applicants from the Armed Forces and their families.</p> <p>Providing support to those from Armed Forces. The Trust are also signed up to shortlisting applications that meet the minimum criteria from applicants from the Armed Forces and their families.</p> <p>Trust promotion via the BBC programme Ambulance.</p> <p>Rebranding from the Communications team.</p>	<p>4 successful Pre-employment programs enabling unemployed individuals to successfully step into careers within NWAS</p> <p>The team were asked due to their skills, knowledge, and expertise - to assist in the development of the National WEX Quality standard. Team members have since also been asked to become quality assurers for this national benchmark.</p> <p>2 new members of staff have joined the team to progress this essential work.</p>	<p>47 positive action targeted events attended. 87 individuals receiving information, advice and guidance; 34 individuals receiving one to one support.</p> <p>Positive action targeted campaigns were delivered focusing on the emergency medical technician role comprising face to face events, virtual live chats, online connect sessions; development of targeted promotional materials using representative images disseminated to voluntary, community and faith organisations. Collaborative working with the communications team enabled wider reach utilising positive action videos, case studies, focal posts, targeted advertising campaigns.</p> <p>Working with the Communications Team to ensure recruitment pages on external website are inclusive, including positive action imagery and using positive action videos.</p> <p>Development of promotional materials with representative imagery focusing on raising awareness of non-clinical/support roles.</p> <p>Delivery of updated Recruitment and Selection masterclass.</p>

<p>Mixed interview panels continues to be promoted throughout the Trust. It is promoted to staff on the disability and race forums to be trained to sit on interview panels.</p> <p>First batch of international recruitment for the Trust.</p> <p>A task and finish group has been devised to discuss and implement a clear process for career progression.</p> <p>Training provided to management to ensure a fair and equitable shortlisting is completed.</p> <p>Discussions with local HEI's on initiatives to increase diversity onto the university courses.</p>		
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3.1.3. Barriers/challenges/difficulties:

HR HUB	WIDENING PARTICIPATION	POSITIVE ACTION
<p>Current recruitment climate – applicants job market. 1 applicant per 8 vacancies.</p> <p>Competitive salary with private sector.</p> <p>New roles and job opportunities in the wider health economy are impacting on turnover rates for clinical staff. Its is envisaged this will escalate with the GP contract reform and increase the risks.</p> <p>NWAS covers the widest geographical area of the eight ambulance services. This adds to the challenge of engaging with communities and diverse groups in the more remote areas of the region, for example North Cumbria. Promoting job opportunities to increase diversity in less populated areas remains particularly difficult.</p> <p>Lack of diversity in those joining NWAS straight from a Higher Education Institute (HEI).</p> <p>NWAS covers the widest geographical area of the eight ambulance services. This adds to the challenge of engaging with communities and diverse groups in the more remote areas of the region, for example North Cumbria. Promoting job opportunities to increase diversity in less populated areas remains particularly difficult.</p>	<p>One challenge has been the mass increase of requests into the team to attend careers/job fairs -but the launch of the ambassador scheme will hopefully assist with this.</p> <p>The demand for pre-employment programs has significantly increased and is very challenging to ensure that the team at its current levels - can meet the workforce need.</p>	<p>Capacity – one positive action officer covering the whole of the north west raising awareness of NWAS as an employer of choice to diverse communities. The appointment of a second positive action officer will hopefully support in this regard.</p> <p>Lockdown restrictions still in place at beginning of year impacted upon engagement with local communities to raise awareness of roles.</p>

3.1.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

HR HUB	WIDENING PARTICIPATION	POSITIVE ACTION
<p>Review and improve recruitment processes to</p>	<p>The pre-employment program model which works in line with workforce planning and need, is being utilised to support the EOC recruitment need and 111 recruitment campaigns. Also the</p>	<p>Appointment of second Positive Action Officer to support attraction from diverse communities, e.g. support diversity work</p>

<p>ensure we are attracting the right candidates.</p> <p>Contribute on behalf of North West Ambulance Service to an end to end recruitment workshop.</p> <p>Improvements of on-boarding, enhancing the experience for new staff on joining the Trust. Improve the use of ESR applicant dashboard.</p> <p>Continued delivery of revised programme of Masterclasses in Recruitment & Selection.</p>	<p>team have been approached to assist in a recruitment gap within the PTS control roles. We will also continue to support the PTS ACA Recruitment via pre-employment.</p> <ul style="list-style-type: none"> • Continued work with all the agencies regarding roles/careers and (IAG). • Collaborative projects with NHS trusts to provide both access to roles/jobs and IAG. • Collaborative work with the SCORE project and Everton in the community. • Launch of St John Cadet collaborative scheme in the New year. <p>The Widening Access team have created and will be launching an NWAS ambassador scheme to support this vital work. The Positive Action team, PES recruitments lead and practice education team have been invited to collaborate on this work to benefit all initiatives.</p> <p>The Widening access team are also working on projects to support young adults with SPLD - one with West Lancs Community College and working with Project Search.</p> <p>The Widening Access team are collaboratively working with all the regions career hub leads HEE and National leads to continue joint up working and sharing of best practices.</p> <p>NWAS CADETS will relaunch in the New year and launch meeting with all the FE colleges has taken place as part of the first planning stage. This will see our level 3 learners returning into our practice environment getting the vital industry experience they need to achieve their future career aspirations and future proofing the talent pipeline.</p> <p>Continued engagement and support with:</p> <ul style="list-style-type: none"> • Colleges/schools and alternative providers • Insight Days – internal & external • Careers Fairs – eg CTP, BFRS • Live Chats • DWP, Ingeus, Restart • MS Teams Connect Sessions • Collaboration with other NHS trusts • Step Into Health referrals platform • Referrals from supporting organisations • Drop-in events eg Veterans UK and Seetec • Future workforce - Military Cadets/healthcare cadets • One to one support • Continued collaboration with: • Seetec 	<p>in local communities, promoting careers and opportunities, working with disadvantaged and underrepresented groups; and enabling both Positive Action officers to collaboratively work across specified areas. This will also enable a wider reach with regards community engagement; and a wider one to one/IAG support offer to potential applicants.</p> <p>Targeted recruitment campaigns to support EOC recruitment, PTS Bureau recruitment, EMT apprenticeships across the north west and develop relationships with sector/team managers to enable collaborative support with regards positive action events.</p> <p>Embedding the positive action applicant tracking system across all high applicant number recruitment campaigns, ie, EMT apprenticeship, ambulance care assistant, all PTS roles, EOC emergency medical advisor roles.</p> <p>Development of promotional materials to further support positive action targeted campaigns, using positive action imagery, including leaflets and videos.</p> <p>Development of positive action video providing information, advice and guidance with regards preparing applications, focusing on the supporting information.</p> <p>Ongoing review of recruitment and selection processes.</p>
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	<ul style="list-style-type: none"> • Growth Company, Ingeus,DWP, RESTART • St Johns • Price Trust • Project Search • Partnerships with local barracks • NHS Employers – Step into Health • Career Transition Partnership • NW Reserve Forces & Cadets Association • Forces Families Jobs • College of Military Veterans • Collaborative working and joint events • NHS trusts • Careers Hubs across region • The Pledge and many more... 	
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3.2. The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

3.2.1. What this means to NWAS in practice:

WORKFORCE M.I
<p>The ability to have accurate and meaningful data, allows the trust to look at areas where work needs to continue to reduce inequalities and look at areas where positive action has been taken to improve representation of staff from diverse backgrounds i.e. Gender, Ethnicity & Disability. Having accurate data helps to inform us as a trust around the work being done and ultimately allows us to report accurately to places such as the Gender Pay Gap reporting service as well as others.</p>

3.2.2. Progress/highlights 2020-2021:

WORKFORCE M.I
<p>Continuing to monitor the disparity ratio in line with the national guidelines for some of the protected characteristics of staff.</p> <p>Internal process is in place to share the in-depth analysis on equality and diversity details to E&D team to address any challenges.</p> <p>Annual Monitoring reports are published every year, which identifies the E&D trends and patterns for the existing staff.</p> <p>Equality and diversity rates are identified at recruitment stages, and it gets published in various internal and external reports like WRES, WDES, Annual report etc.</p> <p>Equality and diversity figures were included at the sector level and shared with operational managers via quarterly wellbeing dashboards.</p>

Equality and diversity factors are taken into consideration for various retention and attrition analysis and strategies.

In depth analysis of equality and diversity information is retained in the Internal dashboard system, to identify the historical patterns and trends.

3.2.3. Barriers/challenges/difficulties:

WORKFORCE M.I

Bespoke requests for data can take time as the Workforce MI team deals with multiple requests from all over the trust including the exec

3.2.4. April 2021 - March 2022 (Work being carried out to meet this overarching objective)

WORKFORCE M.I

Continuing to adapt to changes in reporting i.e. Gender Pay Gap reporting bonus calculations was being done differently across the entire Ambulance sector, the NWAS ED&I advisor raised this with AACE and now the sector has been provided with unified guidance on how to calculate and this has been completed for this years submission

3.3. Training and development opportunities are taken up and positively evaluated by all staff

3.3.1. What this means to NWAS in practice:

TRAINING EDUCATORS	L&OD	WIDENING PARTICIPATION
<p>NWAS delivers a comprehensive apprenticeship programme for Emergency Medical Technician 1 (EMT1). The EMT1 programme includes Driver Training qualifications. NWAS has developed assessment frameworks to support these learners in practice following their classroom education.</p> <p>NWAS also delivers induction courses for all paramedics who join the trust. This ensures that newly qualified and qualified paramedics understand NWAS policies and procedures. This induction course gives standardisation for staff who have trained in different universities or who have joined NWAS from other ambulance trusts. It includes clinical pathways, HR policies, values, and behaviours.</p>	<p>NWAS is continuing its mission to be the best ambulance service nationally, is committed to being a learning organisation: to ensure that every member of staff at every level of the organisation is driven by the Trust values to work together to be at our best to make a difference. In this way every member of staff carries a mutual responsibility to attend to their own personal development plans in partnership with their managers in service of continued growth and improvement to drive the right care, at the right time in the right way for the diverse communities of the North West.</p>	<p>Apprenticeship opportunities in NWAS continue to grow and diversify -within this reporting time frame we have started:</p> <ul style="list-style-type: none"> 87 Paramedic Degree Apprentices 10 Advanced Clinical Practice Apprentices 2 Data Technician Apprenticeships 1 Associate Project Manager Apprenticeship 2 Assistant Accountant Apprenticeships 2 Motor Vehicle Service and Maintenance Technician Apprenticeships 2 Accountancy or taxation professional Apprenticeships

<p>NWAS has a training programme for staff joining the Patient Transport Service (PTS). This programme covers areas such as patient care, moving and handling and driving. It also clearly defines NWAS policies and procedures. There is a clear developmental pathway from PTS to EMT1 and through to Paramedic.</p> <p>NWAS delivers induction courses for all Emergency Medical Advisors (EMA) and EMA Support staff who join the Trust. This programme trains the advisors in the use of computer and triage systems, call handling techniques as well as Trust policies and procedures.</p> <p>Mandatory Training is reviewed annually and delivered in accordance with the UK Core Skills Training Framework and recognised needs of NWAS. Feedback is received for Mandatory Training via evaluation forms that are completed by the learner at the end of the course. Alongside those regular emails of thanks are often received into the team, thanking the Clinical Practice Trainer for the excellent teaching that has been received.</p> <p>NWAS seeks feedback from staff across all programmes accessed to evaluable and continuously improve our programmes. Feedback is obtained online via Microsoft Forms. Learners are provided with feedback on what we are doing to improve.</p> <p>There are also dedicated email addresses for all staff to respond with any thoughts or queries regarding training and comments of improvements are always welcome.</p> <p>Workshops delivered via the Learning & Development (L&D) team are subject to online evaluation (via Survey Monkey), which is circulated to participants within the week following their attendance. Feedback from these evaluations is summarised and inform developments to the workshop content and delivery.</p>		<p>2 Digital and technology solutions specialist Apprenticeships</p> <p>3 Business Administrator Apprenticeships</p> <p>Total =110 starts</p> <p>Gender split 45% female 55 % Male</p> <p>Ethnicity 8.2 % BAME 91.8% White British</p> <p>Declared Disability 6.3 %</p> <p>Internally delivered Apprenticeship starts:</p> <p>131 Emergency Medical Technician Apprentices</p> <p>Total = 131</p> <p>Gender split 61% female 39 % male</p> <p>Ethnicity 3% BAME 97% White British</p> <p>Declared Disability 11%</p> <p>Maths and English qualification provision:</p> <p>We have referred 92 members of our staff to obtain either Maths English or both qualifications to enable them to progress either towards or onto a development pathway.</p> <p>Within this time frame NWAS has supported 243 of its Emergency Medical Technician workforce to access the Associate Ambulance Practitioner level 4 qualification to enable them to progress towards the Paramedic Degree Apprenticeship opportunity.</p> <p>Total = 243</p> <p>Gender Split 37% Female 63% Male</p> <p>Ethnicity 5.3% BAME 94.7% White British</p> <p>Declared Disability = 11%</p>
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<p>There are a range of ad-hoc opportunities, both in person and online, available to staff which are well received. These include CPD events ran by Clinical Leaders, a lot of these CPD events are attended in the staffs' own time and usually full, if not over- subscribed, leading to further events being arranged.</p> <p>CPD for post-registration clinicians is supported through Health Education England. A range of formal modules are offered, both at Level 6 and Level 7.</p>		
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3.3.2. Progress/highlights 2021-2022:

TRAINING EDUCATORS	L&OD	WIDENING PARTICIPATION
<p>We continue to support Educators to achieve their Level 4 Certificate in Education & Training, Level 3 Certificate in Vocational Assessment, and through CPD events and updates. In addition, Driving Instructors undertake Level 4 Driving Instructor training course.</p> <p>We supported a change to the Emergency Operations Centre (EOC) triage system, by retraining all EMA staff in the new system and supporting their ongoing learning, development as the new triage system was implemented.</p> <p>The EOC Education Team supported a large scale to increase the number of call handling staff, delivering 26 EMA courses. This increase supported the ongoing efforts of the pandemic and aided pressures over the winter period.</p> <p>A modular approach was introduced to the EMT1 apprenticeship programme. The programme retained its 14 week guided learning time, but saw learners being placed into practice much sooner, with progressive support for learning which built upon their experiences in the role.</p> <p>We were award the 'Macro Employer of the Year' award at the Apprenticeship Regional Awards in 2021.</p>	<p>Learning & Development at NWAS has slowly returned close to pre pandemic levels. Over the past 2 – 3 years, face to face learning and development opportunities were minimised to support social distancing and IPC protocols. Recognising the needs of our staff, in the aspects of leadership, morale and mental health, we have developed learning opportunities for NWAS leaders by:</p> <p>Developing our new coaching offer to provide our leaders with the skills to have difficult conversations and lead with a different style in certain situations.</p> <p>Relaunched the CMI Level 5 Award in Management Coaching and Mentoring with a new cohort of learners. After learners attend the 6 month programme and complete their assessment, they will become our organisational coaches ready to support the workforce.</p> <p>Reviewing our Leadership Circles offer to meet staff need and delivering themes 1, 3, 4 and 9 on looking after self, setting the emotional tone, being inclusive in the way you lead and looking out for your team.</p> <p>Developing and launching our Civility Saves Lives workshop which draws on the principles of: Dignity at Work; Duty of Candour; Freedom to Speak Up; Just Culture; Treat Me Right; Equality,</p>	<p>Continued support for staff progressing to Paramedic degree which has provided an internal progression route for our EMT workforce.</p>

<p>Around 150 military personnel partnered with NWS clinicians on the road in January 2022, allowing us to make more efficient use of our emergency resources and supporting the wider NHS system. The Education Teams spent two weeks delivering a 3 day course to enable them to be deployed across all areas of the Trust.</p> <p>569 post-registration modules were funded in 2021/22.</p> <p>We continue to explore the use of technology-enabled learning through the use of technology, online learning and remote delivery of sessions.</p>	<p>Diversity and Inclusion; NWS Values; and Be Think Do to shine a light on the importance of civility on our ability to provide the right care, at the right time, in the right place; every time.</p> <p>Reviewing and launching the revamped Making a Difference programme modules 1, 2 and 5. Module 1 titled leadership of self focuses on leadership and management differences, understand the ask of valued-based leadership and develop the skills to self-regulate for emotional intelligence demanded of effective leadership in difficult and challenging times. Module 2 helps staff to understand how teams are formed, operate and function, apply situational leadership approaches to build highly motivated and engaged teams and understand inequalities and the impact on teams. Module 5 focuses on our Be Think Do leadership philosophy, this module looks at developing our level of cultural competence –recognising difference and understanding the value that difference makes to both staff and patient experience.</p>	
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3.3.3. Barriers/challenges/difficulties:

TRAINING EDUCATORS	L&OD	WIDENING PARTICIPATION
<p>Venues continue to be a challenge to source and the availability of Trust on-site premises. We have agreed short-term temporary venues in three areas of the region to support the consistency of delivery for core induction courses.</p> <p>Challenges continue regarding cover and support for learners in practice education due to the amount of learners that we now have. We are looking to increase the size of our teams to support this.</p> <p>Mandatory training challenges?</p> <p>A lot more emphasis has been placed on the importance of MT completion and this has led to a rise in course population, though this could still improve further.</p> <p>MT is also delivered via online learning and the engagement of the staff to complete requires improvement.</p>	<p>All learning and development delivered by the L&OD function is continually evaluated via a Microsoft Outlook Voting Buttons evaluation and disseminated to learners after the course to inform improved practice.</p>	<p>Capacity of placements due to other pre-reg student allocations for our cadets</p> <p>The Level 4 work-based assessor qualification has had to be put on hold during the pandemic and whilst the training environment pressures are high but will hopefully resume asap in the New Year.</p>

3.3.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

TRAINING EDUCATORS	L&OD	WIDENING PARTICIPATION
<p>Delivery of EMT1 apprenticeship programme for new staff. This is currently under review against a new qualification specification that we hope to introduce with a new course in 2023. We have reviewed the current programme and reduce the assessment burden for learners and educators.</p> <p>Recovery of Mandatory Training and a review of this year's classroom programme to support this.</p> <p>Induction of new staff to the education teams will require a greater level of CPD and qualifications to support them in their new role to deliver high quality training.</p> <p>Development of an applicant dashboard within our electronic staff record (ESR) system, to support candidates prior to starting with the Trust and improve the information, advice and guidance they receive as part of the onboarding process.</p>	<p>As we continue to move out of Covid, this has allowed for more learning and development opportunities to be developed and made available to our staff, however, Covid can still be felt and has an impact throughout the service. We are now focused on making sure development opportunities are made available outside of these periods and are continued to be promoted with uptake maximised.</p>	<p>Continue to support NWAS staff to obtain Maths and English qualifications.</p> <p>Continue to support NWAS staff within internal development opportunities.</p>

3.4. When at work, staff are free from abuse, harassment, bullying and violence from any source

3.4.1. What this means to NWAS in practice:

CORPORATE HR	COMMUNICATIONS	FREEDOM TO SPEAK UP	EOC
<p>The Trust has placed considerable emphasis on tackling abuse, bullying and harassment and violence from any source. One of the key improvement goals set out NWAS People Plan is around 'reducing staff experience of bullying and harassment, through development of a culture which</p>	<p>We strive to create a place of work that is safe and a workplace culture where abuse, harassment, bullying and violence from any source have no place. This position is supported by our Board and Executive Directors who advocate a civil and respectful workforce and encourage staff to speak out if they encounter</p>	<p>Our staff here at NWAS work hard to deliver the very best care for the people who use our services. We're really proud of our staff and do everything we can to make sure we're a great place to work and that staff are free from harm and abuse of any kind. We believe that any form of abuse, bullying, harassment and discrimination are never okay.</p> <p>The NWAS Freedom to Speak Up guardians, support workers including volunteers to speak up when they</p>	<p>The Emergency Operations Centre (EOC) has placed considerable emphasis on tackling bullying and harassment and violence from any source. There has been significant improvement in refreshing policies and procedures to outline support available to staff and promote best practice protocol. We have had a</p>

<p>consistently reflects our values and through effective management and support.'</p> <p>From the annual NHS Staff Survey results we saw a positive downward trend in relation to the number of staff overall experiencing harassment bullying or abuse at work from the public, managers and colleagues. This may be as a result of a focus in 2021/22 around support for staff and managers with bullying and harassment issues. The Treat Me Right Campaign was launched in May 2021 and focussed on the practice of workplace civility and respect. It underpins our progress towards a compassionate and inclusive culture. The campaign was supported by a toolkit helping staff and managers to feel empowered to seek early resolution and to encourage open communication.</p> <p>Additionally, the Dignity at Work and Freedom to Speak Up policies and processes are promoted within the Trust, to reinforce our commitment to develop a positive working environment for all colleagues.</p>	<p>negative interactions with patients, the public or other staff. Our values underpin our desire to live and breathe inclusivity and our committees, policies, staff networks; channels of engagement and campaigns support positive behaviours as well as ensure staff have access to help and support mechanisms if things go wrong.</p>	<p>feel that they are unable to do so by other routes whilst ensuring we continue to promote a speaking up culture as normal business. Freedom to speak up guardians ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives support and feedback on the actions taken.</p> <p>Freedom to speak up guardians have carried out a significant amount of work to adopt measures which enable and empower staff to speak up in confidence about issues that concern them, taking into account equality, diversity and inclusion.</p> <p>The Freedom to Speak Up Guardians continues to be supported but the executive and non executive lead for freedom to speak up. Freedom to speak up guardians will safeguard the interests of the individual, ensuring that there are no repercussions for them due to speaking up, either immediately or in the long term and that they have access to support as required.</p> <p>The freedom to speak up guardians continue to help develop a culture where speaking up is recognised and valued throughout the trust working with local managers and leaders to promote a healthy culture of psychological safety, this supported by having access to the Chief Executive, Executive Lead and Non-Executive Director for FTSU. The Guardian maintains a position of impartiality and independence at all times.</p> <p>Staff are frequently reminded that no-one should tolerate abuse, harassment, bullying and violence from any source and the Trust will support all staff that highlight the issue. There are policies and procedures in place to ensure that any such behaviour is dealt with.</p>	<p>recent re-launch of the Freedom to Speak up campaign, hosting a number of drop in sessions and dealing with queries as a result of this.</p> <p>Within EOC, we are proud to say we have seen a significant uplift in internal incident reporting. These reports include those surrounding violence or abuse towards staff members. We provide regular feedback and host an open discussion around these issues within our EOC Learning Forum, monitoring trends and concerns via this route.</p> <p>Whilst this is an issue for the whole of the NHS – and work is being done on a national level to address the issue – we also wanted to try and tackle the problem locally.</p>
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3.4.2. Progress/highlights 2021-2022:

CORPORATE HR	COMMUNICATIONS	FREEDOM TO SPEAK UP	EOC
<p>The Treat Me Right Campaign was launched in May 2021 and focussed on the practice of workplace civility and respect. The campaign aims to reduce staff experience of bullying & harassment, through development of a culture which consistently reflects our values and through effective management and support. It is underpinned by a toolkit which helps support all staff and managers to feel empowered to seek early resolution and to encourage open communication which in turn will strengthen the already existing Dignity at Work Policy. The toolkit provides guidance and support and sets out the informal resolution routes available to staff.</p> <p>Delivery of Dignity at Work and Managing Grievance workshops - this workshop is designed to equip people leaders/managers with the necessary tools, understanding and practical</p>	<p>NWAS took part in another series of the BBC 'Ambulance' programme which aired in Autumn 2021 and showcased the experiences of staff on a daily basis. This has created great goodwill towards NWAS staff and proved beneficial to expose how staff are sometimes treated when doing their jobs.</p> <p>Having greater public awareness of the ambulance service has increased social media responses and allowed NWAS to engage with the public directly.</p> <p>Monitoring of the staff Facebook page to ensure comments comply with the trust social media policy and any incidents of bullying and harassment are reported to relevant managers.</p> <p>We were involved in the #WorkWithoutFear campaign, led by the Association of Ambulance Chief Executives and supported by NHS England to promote respect for ambulance staff across the country. Case studies involved real life accounts of abuse which were shared via online news and social media.</p> <p>In response to the rising numbers of violence, assault, and aggression based incidents, the NHS Long Term Plan is committed to investing £8 million over five years for a body worn video camera (BWVC) pilot in the ambulance sector. The pilot commenced in March 2021 and 230 cameras were deployed to 27 stations across the trust (pilot to be expanded in 22-23).</p> <p>We regularly highlight convictions and assaults against staff on our social media sites when they occur to highlight our zero-tolerance approach to the public.</p> <p>A 'Treat me Right' toolkit has been developed to help reduce staff experience of bullying and harassment, through development of a culture which consistently reflects our values and through effective management and support.</p>	<p>Freedom to speak up has moved from the corporate affairs executive to the medical directorate with an increase in the number of guardians to support our people.</p> <p>The lead freedom to speak up guardian prepares and provide reports to the Trust Board which identify key themes raised by staff, identify key concerns and potential action and learning that is required.</p> <p>Freedom to speak up guardians ensure staff from minority groups, including individuals with disabilities and those from black and minority ethnic backgrounds, are encouraged to speak out and are not disadvantaged for doing so in confidence.</p> <p>FTSUG works proactively in partnership with other parts of the organisation e.g. complaints and incidents, HR and organisational development, staff side reps, the Workforce Race Equality Standard team, diversity and inclusion groups. This enables triangulation of concerns and for guardians to be able to visit sites</p>	<p>We have seen a significant increase in incident reporting over this period, almost doubling reported incidents.</p> <p>We celebrate success within the EOC environment and have worked pro-actively with communications colleagues to celebrate international control room week and highlight the hard work under-taken by our staff.</p> <p>We have introduced new roles within the EOC, including developing leadership within the frontline, such-as call-handler team leader roles. These roles are primarily focussed in supporting staff.</p> <p>We have developed and launched a share-point platform, which allows us to communicate effectively and quickly with our staff.</p> <p>We have worked collaboratively with the trust psychologist to develop</p>

<p>applications of the Dignity at Work and Grievance procedures in order to thoroughly investigate any complaint in a timely manner, drawing appropriate conclusions/actions and managing any impact on the workplace and employee relationships following the outcome.</p>	<p>Staff can raise concerns about individual employment rights or personal treatment (e.g., bullying and harassment) under the trust's Individual and Collective Grievance Policy and Procedure and we encourage staff to seek support via the Freedom to Speak Up route.</p> <p>Worked closely with Trade Union representatives in helping to address bullying and harassment, and members are encouraged to approach representatives with their concerns where they do not feel able to approach HR or their line manager.</p> <p>Improved our internal policy on violent and aggressive incidents and provided managers with guidance for supporting staff who have been subject to an assault.</p> <p>Created a step-by-step guide for managers to investigate cases of assault so ensure equity of support.</p> <p>Communication representatives sit on the trust's Diversity and Inclusion Sub Committee.</p> <p>NWAS continued to work with the National Ambulance Health and Wellbeing Programme to discuss and share best practice and issues from other trusts.</p> <p>Members of the Communications Team attend staff support forums such as the Disability, LGBTQ, Race Equality, Equality, Diversity and Inclusion networks to offer support and advice on both internal and external engagement.</p> <p>National awareness days, weeks, months promoting all the protected characteristics are regularly promoted and included in our social media planner together with dedicated communications plans to further inclusivity and positivity eg Black History Month, LGBT Pride etc.</p> <p>Regular communications support is provided for the cultural audit and its outcomes.</p>	<p>to hear from workers where concerns are raised</p> <p>FTSU raises the awareness of the Trust's Values and Behaviours which specify the conduct expected from staff</p> <p>FTSU encourages staff to Datix incidents of harassment, bullying, abuse and violence. Staff also have the option to follow up incidents by reporting them to the police</p> <p>FTSU Raising Concerns Policy (in line with integrated national policy)</p> <p>FTSU policy has had an EIA completed</p> <p>FTSU Data fed into the Trusts Non-Clinical learning forum</p> <p>FTSU forms part of the annual mandatory training programme</p> <p>A refreshed Freedom to Speak Up page on the NWAS Greenroom</p> <p>FTSU promotes and raises staff awareness of the Violence and aggression marker procedure - The procedure outlines the steps and actions for reporting an act of violence and aggression and includes supporting guidance for all involved.</p>	<p>drop-in sessions for contact centre staff.</p> <p>WE have developed a specific EOC People-plan, including initiatives developed across all EOC service lines.</p>
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3.4.3. Barriers/challenges/difficulties:

CORPORATE HR	COMMUNICATIONS	FREEDOM TO SPEAK UP	EOC
Operational pressures can impact on the time that colleagues have available to access resources and training.	Unfortunately, it will always be difficult to eliminate all abuse, but we have a range of support mechanisms in place for staff who do experience abuse. A proactive approach to promoting zero tolerance to abuse by the public which the public know about is vital. Staff should also feel that they will be supported to report abuse.	As new guardians we are continuing to understand the barriers of speaking up, we believe from anecdotal evidence that time is a key player in preventing people speaking up alongside the impression that things don't change when you speak up.	Unfortunately, it would be impossible to eliminate all abuse, but we have a range of support mechanisms in place for staff who do experience abuse. A proactive approach to promoting zero tolerance to abuse by the public which the public know about is vital. Staff should also feel that they will be supported to report abuse. We have encountered challenges from an EOC perspective in achieving prosecutions pertaining to verbal abuse directed over telephony, we remain committed to working with our Police colleagues and other service lines to manage these incidents in a robust fashion.

3.4.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

CORPORATE HR	COMMUNICATIONS	FREEDOM TO SPEAK UP	EOC
<p>The Staff Survey results showed that staff with protected characteristics (ethnic minority backgrounds, disabilities, LGBT+) had more negative experiences in relation to abuse, harassment, bullying and violence compared to the rest of the workforce. Further engagement with the Race Equality, Disability and LGBT+ staff networks will be undertaken to understand this data and identify potential solutions to make improvements.</p> <p>Further embed the Treat Me Right campaign and resources in to 'everyday practice' within the organisation.</p> <p>Delivery of the Beyond Bias workshop which focuses on:</p>	<p>A Violence Prevention and Reduction Group (VPRG), with representatives from every sector of the trust, has been set up to enable the trust to work through the required VPR standards as set out in the NHS Long Term Plan and the NHS People Promise. We will be able to test and measure performance against our own overall violence prevention and reduction strategy. This will be a key step towards implementing a commitment to staff's health and wellbeing through the adoption of public health methods as well as recognising the negative impact that poor staff health and wellbeing can have on patient care.</p> <p>We have focused specifically on embedding Cultural Competence in all of our back-to-basics training courses with the understanding that, in order to deliver safe</p>	<p>FTSU continues to promote the role of the Guardian and the FTSU function through;</p> <p>Regular communications relating to FTSU including payslips, staff facebook groups, a dedicated twitter handle and bulletins.</p> <p>FTSUG attendance at a variety of forums including LGBT, WRES, Disability and V&A Operational Group</p> <p>The freedom to speak up guardian will continue to triangulate data through collaborative working with other departments to ensure a true understanding of our speaking up culture</p> <p>The freedom to speak up guardian will continue to present bi-annual reports to the Trust Board</p>	<p>Please can you tell us what you are working on this year to support the overarching theme</p> <p>We are committed to listening to feedback and providing a safe space to report and address concerns, to this end we are beginning a series of staff drop in forums with senior managers, to ensure that any concerns can be voiced directly to senior leadership team.</p> <p>We are developing and hosting away days for our leadership and management team, focusing on key principles of leadership, including a zero tolerance to abuse, harassment, bullying and violence within the workplace.</p>

<p>Understanding bias, prejudice and discrimination and how this impacts the workplace</p> <p>Developing cultural competence for inclusive practice</p> <p>Embracing and leverage diversity for better patient care and improved staff experience</p> <p>Be able to adopt inclusive ways of working using NWS systems and processes.</p>	<p>and effective care to our patients, we need to be aware and have an understanding of the key issues relating to culture, how this may influence care and its impact on how care is currently given with the aim to reduce disparities in healthcare outcomes. Saying how we are teach our own staff to recognise biases, stereotypic beliefs, ignorance and prejudices in turn to treat their peers better.</p> <p>In line with the trust's Communications and Engagement Strategy 2021-2024 the Communications and Engagement Team will continue to support inclusivity and a safe and respectful culture via all the trust's internal and external communication channels and approaches. Creative campaigns, film and other assets will form part of bespoke assistance to staff networks, service lines and committees. Social media will again be used to highlight negative experiences and their impact on our staff and their ability to respond to patients. Key areas of focus for 2022/2023 include ongoing internal support in relation to the Manchester Arena Inquiry and receipt of the final report.</p>	<p>The freedom to speak up guardian will continue monthly meetings with CEO, Director of people, Medical Director</p> <p>The freedom to speak up guardian will continue bi-monthly meetings with Non-Exec Director</p> <p>The freedom to speak up guardian will continue to engage with the North West Guardian networks alongside the national ambulance network</p> <p>The national 'Speaking Up' month in October will involve face to face engagement with staff as well as online events</p> <p>A creation of a new freedom to speak up brand in line with NWS branding</p> <p>An increase in the number of ways staff can speak up utilising both traditional formats and new digital formats</p> <p>Greater support of managers and leaders to embed a 'speaking up' culture</p>	<p>We continue to promote the use of, and incorporate into away days, HR masterclasses pertaining to Violence and Abuse.</p> <p>We are progressing well with building on the previous work around celebrating success, establishing a robust process for nominating and rewarding staff.</p> <p>We continue to ensure positive feedback for the reporting of incidents of any nature, to ensure and promote a safe environment to raise concerns.</p>
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3.5. Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

3.5.1. What this means to NWS in practice:

<p>HRBP</p> <p>NWS seeks to achieve a healthy balance between work, family and personal commitments by providing flexibility short term or long term and on a temporary or permanent basis through a number of different policies and procedures such as:</p>
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Flexible working procedure	Special leave, incorporating:	Urgent/emergency leave
Carer's/dependant leave	Parental leave	Parental leave
Foster carer leave	Medical appointment leave	Disability leave
Study leave	Religious leave	

It is also important to recognise that flexibility also features in a number of other policies such as:

Sickness policy – allowing flexibility in the form of adjusted duties and reduced hours to reintegrate people back into the workplace following long term absence or more permanent adjustments/flexibility when recommended by occupational health

Maternity policy – considering flexibility in working pattern and adjusted duties to help manage a healthy and safe pregnancy

Menopause policy

The policies are widely available and accessible through the trusts intranet and all people managers along with HR are proficient at dealing with these requests in a timely manner whilst also ensuring and decisions taken also leave suitable cover to maintain operational standards and effective patient care.

3.5.2. Progress/highlights 2021-2022:

HRBP					
<p>The use of a hybrid approach for eligible staff to work on an agile basis mixing working from home with some office-based working has now become embedded and more standard practice following Covid. This as expected has brought advantages such as flexibility around working hours, reduced costs, better use of time and convenience. This is now officially captured in the recently signed off Agile working policy.</p> <p>The return of many of those who have been suffering from the effects of long Covid as well as other previously long term sick staff has seen an increased use of flexibility on phased return hours/duties and in a number of cases temporary redeployment.</p> <p>A menopause policy was developed in partnership with staff side, not only to recognise the impact this has on both male and female colleagues but also to provide a more structured discussion and considerations flexible solutions/adjustments including work patterns</p> <p>The flexible working policy continues to be used to good effect, particularly following promotion of the new flexible working guidance that came in October 2021 allowing multiple applications and from as early as day one. The number of applications has more that tripled since the previous year. We must remember though that 2020-21 was heavily impacted by Covid and there was already a lot of temporary agile/flexible/homeworking. That said its still more than double 2019-2020 also.</p>					
<table border="1"> <tr> <td style="background-color: #008080; color: white;">Year totals</td> <td></td> </tr> <tr> <td>2019-2020</td> <td>153</td> </tr> </table>		Year totals		2019-2020	153
Year totals					
2019-2020	153				

2020-2021	98
2021-2022	324

Year	C&L	C&M	GM	111	EOC	PTS	Fleet	Corporate
2019-2020	62	7	18	27	6	12	0	12
2020-2021	15	27	9	15	2	15	1	14
2021-2022	19	44	17	180	15	45	0	4

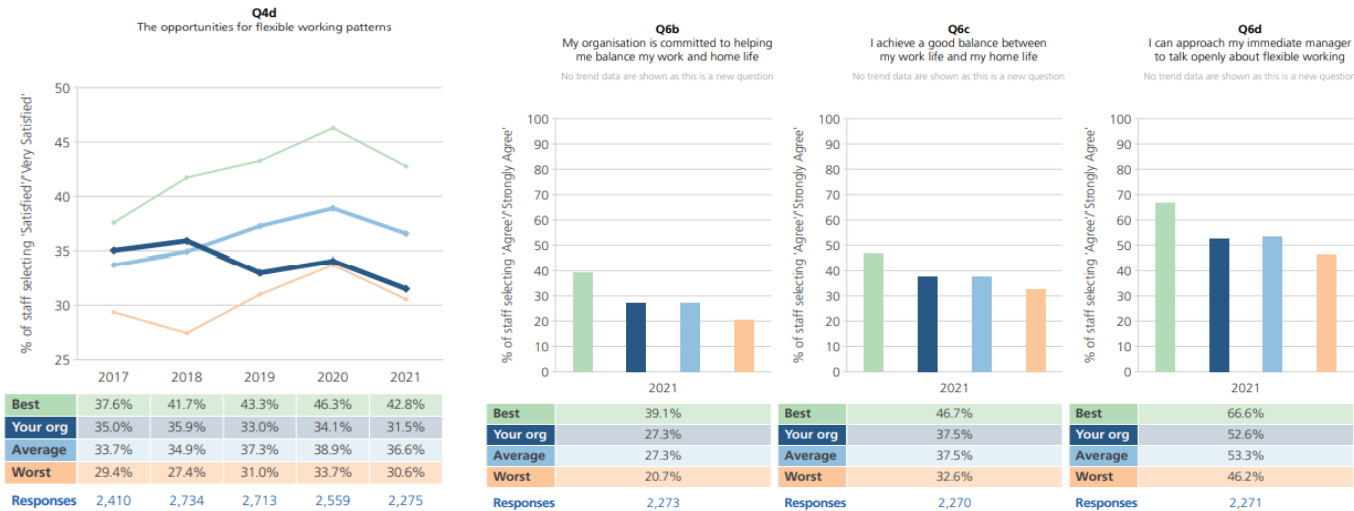
This doesn't include any local informal flexibility that was put in place

We now have significant number of different working patterns across our call centres recognising the need flexibility in the form of both team and individual rotas:

EOC currently has 97 different working patterns. 111 currently has 274 patterns (81 standard patterns).

We also recruit regularly on both full and part time contracts to again provide flexibility.

The trust continues to receive results in line with the industry average for flexible working opportunities in the annual staff survey



3.5.3. Barriers/challenges/difficulties:

HRBP
Conflict between operational needs and employees preferred working patterns.
Consistency of application and request consideration/acceptance across service lines and sectors
Day 1 flexible working requests now make recruitment to meet demand more challenging as you recruit for hours you need which the prospective candidate agrees to in order to be successful and then cannot do the agreed hours, leading to a flexible working request.

3.5.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

HRBP
We are conducting a full rota review in 111 as we understand flexibility is the greatest barrier to recruitment and retention in this area.
Further training with managers on how to manage consistently the volume of special leave requests
Review of the flexible working policy and its promotion within the trust, particularly in areas such as Fleet that generally have lower volumes of application – this may however be due to the existing shift pattern already being favourable for work:life balance
Greater consideration over flexible training periods in the call centres to support recruitment. Someone may be joining in a part time capacity but the standard training period in the first 6 weeks is currently Monday-Friday 9-5pm- clearly unachievable for some people with other commitments i.e. childcare
Continued analysis of staff survey results around:
Staff feeling, they have opportunities for flexible working patterns
The organisations commitment to help balance work and home life.
Staff feeling, they can approach their manager to talk openly about flexible working.

3.6. Staff report positive experiences of their membership of the workforce

3.6.1. What this means to NWAS in practice:

CORPORATE HR	POSITIVE ACTION
The Trust continues to strive in engaging with staff and seek feedback on their experience through the annual National Staff Survey, National Quarterly	NWAS is committed to improving the experience of Black and Minority Ethnicities, LGBT+, disabled and armed forces staff through increased engagement, supportive networks and greater development opportunities.

<p>Pulse Survey and additional staff experience surveys led by individual directorates or the communications and engagement. Local managers utilise the findings of the Staff Surveys to understand local successes and development areas, and produce Local People Plans based on the requirements of their localities. Data from national surveys can be benchmarked against other service lines as well looked at in context of historical comparisons.</p> <p>The Trust continues to promote the staff APP which has seen significant response in terms of downloads. Additionally, Staff Networks have continued to develop further over the last year. By March 2022, there were four Staff Networks established:</p> <ul style="list-style-type: none"> • Armed Forces • Disability • LGBT+ • Race Equality 	<p>During this period, NWS supported the following employee networks: LGBT+ Network, Race Equality Network, Disability Network and Armed Forces Network. The Networks provide a safe space for employees, ensure that minority groups have a voice, enables peer support, raises awareness of issues affecting their members, and promotes opportunities for influencing change within the organisation. Networks also have further visible support and advocacy at board level by an Executive Sponsor (this also links in with Goal 4 – Inclusive Leadership of the EDS2 framework). NWS also supported the Religion and Belief Forum, which provides an informal arena for all staff.</p> <p>The networks are also supported by the EDI Networks Council Group, which serves to maintain a strategic overview of the Trust’s response to supporting a proactive approach to actions to issues associated with equality, diversity and inclusion; and to develop and manage overarching equality, diversity and inclusion plans to ensure that the Trust can evidence its progress, providing assurance to the trust and wider stakeholders. The EDI Networks Council Group is authorised by the People Directorate Senior Management Group (also linking in with Goal 4 – Inclusive Leadership).</p> <p>To further enable the development of the staff networks, the network chairs/co-chairs received training received training focusing on influencing stakeholders across the trust and engaging effectively with peers and colleagues; working with the executive sponsors and building and harnessing a two-way collaboration; creating the networks’ brand and reputation.</p> <p>Initial discussions took place with regards developing a Women in Leadership group.</p>
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3.6.2. Progress/highlights 2021-2022:

CORPORATE HR	POSITIVE ACTION
<p>Staff Networks – The Trust has continued to support the development of the Staff Networks. Last year both the Disability and Armed Forces Forums transition to Network status and support was provided for developing a Women’s Network. The Network have agreed and managed their work plans, met regularly with their Executive Champions (supports inclusive leadership within EDS2 framework) and have regularly been called on to share their views on a range of internal work including the refresh of the Trust strategy and equality impact assessments. A council of staff networks has also been developed which meets on quarterly basis, and is an opportunity for Networks to share best practice and learn from each other.</p> <p>Staff App – The Staff App has continued to be accessed by staff all across the Trust. It remains a helpful resource for staff to access a range of information including content on the Green Room, rostering, emails and work perks.</p>	<p>Providing a safe space for employees to have open conversations and enhancing inclusivity through developing formal employee forums/networks:</p> <p>LGBT+ Network – open to all staff and focuses on improving staff and patient experience and aims to provide an influential voice on behalf of all LGBT+ staff throughout NWS. Progress/highlights:</p> <p>Celebrations of LGBT+ History Month and Pride promoted via NWS social media</p> <p>Race Equality Network – a collective and influential voice on behalf of staff from different racial backgrounds to support NWS to change and improve the experience of staff and patients in relation to racial equality. Progress/highlights:</p>

<p>Work & Wellbeing Passport - The Work and Wellbeing Passport was introduced to help staff access support within the workplace, and can be used by anyone who feels they may need some additional support at work.</p> <p>Staff Survey – 36% of our workforce participated in the 2021 annual NHS Staff Survey. This was a lower figure than 2020, however our results largely across the survey remained static with some positives emerging too. The results showed that as an organisation we were above average in relation to the vast majority of the People Promise themes (now aligned to the staff survey), including ‘We are safe and healthy’, when compared alongside the rest of the sector.</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Overall response rate</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>36% (2308)</td> </tr> <tr> <td>2020</td> <td>41% (2622)</td> </tr> <tr> <td>2019</td> <td>45% (2774)</td> </tr> <tr> <td>2018</td> <td>46% (2789)</td> </tr> </tbody> </table> <p>Local People Plans - Local People Plans have continued to be developed and delivered in each of the service lines and sectors, and this work has been supported through the introduction of identified Health & Wellbeing Leads in each area. The plans reflect the needs of the workforce in different parts of the service, recognising that the challenges faced by staff may vary depending on their roles/areas. Updates on progress against the plans are shared via the Health and Wellbeing Leads meetings and the Health, Wellbeing and Culture Assurance Group.</p> <p>New starter / exit interviews – Continue to be offered for new starters and those leaving the organisation to be offered the opportunity to formally feedback their experiences.</p>	Year	Overall response rate	2021	36% (2308)	2020	41% (2622)	2019	45% (2774)	2018	46% (2789)	<p>Raising awareness of race equality across the trust during Race Equality Week, Black History Month, and International Day for the Elimination of Racial Discrimination.</p> <p>Disability Network – promoting equality across the trust and aims to open conversations about the barriers experienced by people with disabilities, to give staff a voice to improve understanding of disabilities. Progress/highlights:</p> <p>Launch of the formal Network with dedicated Co-Chairs and committee members in December 2021.</p> <p>Raising awareness of Disability Awareness Month and International Day of Disabilities.</p> <p>Armed Forces Network - the aim of promoting a better understanding of the Armed Forces Community, thereby creating a more supportive and inclusive working environment. Progress/highlights:</p> <p>Social media campaign during Armed Forces Week – recognising and raising awareness of NWAS’ Reserve and Cadet Forces.</p> <p>Supporting Remembrance services nationally and locally.</p> <p>Launch of the formal Network with dedicated Co-Chairs and committee members.</p> <p>Participating in a steering group to discuss changes to be made to the Armed Forces, Reserve and Cadet Forces Policy.</p> <p>Religion and Belief Forum – session promoting Sikhism, well attended by staff members.</p> <p>Feedback from members and executive sponsors of both formal and informal networks/forums has been positive.</p>
Year	Overall response rate										
2021	36% (2308)										
2020	41% (2622)										
2019	45% (2774)										
2018	46% (2789)										

3.6.3. Barriers/challenges/difficulties:

CORPORATE HR	POSITIVE ACTION
<p>Increase staff participation in the annual and quarterly staff surveys</p> <p>ESR declaration rates</p>	<p>Delay to delivery of the Executive Sponsor training – this has been delayed to 2021/2022.</p>

<p>Need for a consistent approach to engagement and wellbeing across areas of the Trust</p> <p>Greater awareness of the Work & Wellbeing Passport</p> <p>New starter and exit interview responses remain low and require further engagement from managers to encourage completion.</p>	
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3.6.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

CORPORATE HR	POSITIVE ACTION
<p>Staff Survey – Promoting key messages reinforcing the improvements made as a result of feedback emerging from the Staff Survey ('you said, we did' style approach).</p> <p>Support Hub – Review content on the Support Hub to ensure it provides relevant, up to date information to staff. The Support Hub ensures that staff have access to all resources to support their wellbeing accessible in a 'one-stop-shop' approach.</p> <p>Improving mental health and suicide prevention – The Mental Health Continuum Delivery Group will focus on delivering on our national commitments in relation to improving mental health and preventing suicides within our workforce. This Group has been established and is already beginning to work through the requirements of the national commitments.</p> <p>Work & Wellbeing Passport – A review and refresh of the Work & Wellbeing Passport is planned to ensure that it is a resource which is fit for purpose, and also to promote it for increased use across the Trust.</p>	<p>Transition of the Religion and Belief Forum to the Religion, Belief and Culture Forum.</p> <p>Development of a formal Women's Network with invites to join committee, launch and development of terms of reference.</p> <p>Training planned for executive sponsors with the aim to further strengthen their respective approaches with regards the development of the staff networks and to increase their capability to drive the networks forward (this was initially planned to take place during 2021/2022, however was postponed).</p> <p>Development of Green Room network pages</p> <p>Development of focused network pages on external website.</p> <p>Development of branding toolkits for each network – working in collaboration with the Communications team; and development of branded promotional awareness resources to promote the networks.</p> <p>Training for all network staff to project manage/manage network budgets working collaboratively with the Finance Team.</p> <p>Delivery of road shows across NWAS hubs to promote the Race Equality Network with the aim to engage with staff members across the trust and to raise the profile of the network.</p> <p>Round-table events by the Disability Network to discuss issues affecting people with disabilities; delivery of Access to Work sessions; and supporting promotion of the Work and Wellbeing Passport to all managers and employees.</p> <p>Continued work by the Armed Forces Work to review the current special leave entitlement for the Reserve and Cadet Forces.</p> <p>All staff networks co-ordinating events to raise awareness of their groups.</p>



Goal 4: Inclusive leadership

4.1. Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

4.1.1. What this means to NWAS in practice:

CORPORATE GOVERNANCE

The Board continued their commitment in leading, promoting and demonstrating their commitment to delivering the EDI agenda across the Trust. There are clear links between staff experience and patient experience, so it is vital for the Board to show visible leadership on matters of diversity. The membership of the Board are keen to further develop their understanding of the barriers facing different groups of patients we serve and among our staff; one way this is achieved is through hearing staff and patient voices at Board meetings.

4.1.2. Progress/highlights 2021-2022:

CORPORATE GOVERNANCE

Despite the continued challenges with Covid-19, the Board continued to support a large number of events and attended programmes to promote and raise awareness of relating to EDI.

Directors continued in their Executive Champion roles aligned with networks or particular equality strands. Champions are accountable for supporting network objectives, acting as allies and advocates and for bringing the perspective of their equality strands to ELC debate and decision making.

The governance structure includes the Diversity and Inclusion Sub Committee which has strengthened focus and assurance related to EDI being reported to the Resources Committee and Quality and Performance Committee.

The Board of Directors receive regular updates relating workforce equality, include race, gender and disability. The e-learning assessment relating to Equality, Diversity and Human Rights is also undertaken by Board members.

Diversity and inclusion was embedded into all Board Directors objectives during 2021/22, particularly around developing role as Board champions and continues into 2022/23 including senior leaders.

Executive Directors attended Pride and NWAS won the North West Pride Award 2022 for the best event.

Individually and collectively, Board members attended and participated in a range of internal and external conferences and meetings related to EDI. These events include:

Board Development Sessions:

28th April 2021: Introducing Anti Racism. Facilitated by J Herring, Strategic Lead for Organisational Development and System Leadership (GM, HSC).	23rd February 2022: Mobilising Anti Racism
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The Chairman supported the EDI agenda by attending:

NHS North West BAME Assembly on 30th September 2021	Royal Foundation Emergency Services Mental Health Symposium on 25th November 2021
AACE Women in Leadership Seminar – 7th March 2022	AACE Ambulance Sector Role in Health Improvement and Reducing Health Inequalities 1st February 2022 This event was chaired by the Director of Health Inequalities for NHS England and Improvement, and sponsored by the Trust’s Medical Director

During 2021/22, the Director of People recruited a number of posts to strengthen and support EDI across the Trust:

Head of Inclusion and Engagement	EDI Advisor – Corporate Services	Positive Action Officer – Corporate Services
Employee Engagement Manager, Wellbeing Guardian	Consultant Psychologist	

The Director of People has undertaken the following activities in support of the EDI agenda over the last 12 months:

Race Equality Attended monthly forum events alongside other directors (CEO, Chair, Medical Director, DCEO) Specific engagement events with interested staff to develop them from a forum into a network (Sept-Dec) Race Equality Launch Event	LGBT+ Executive Champion and attends quarterly network meetings Attended two virtual social events Regular contact with LGBT chair to resolve issues and support e.g. inclusion of trans issues and HIV in mandatory training to	Other Engagements: Patient and public panel event on H&WB with focus on our response to mental health Video recorded in support of Army Reservist Dday Social media activity in support of equality related events Attend quarterly Wellbeing & Culture Assurance Group
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<p>Also attended a range of ad hoc development events through the national Executive development offer focused on race</p> <p>Took part in national focus group work through NHSE/I on how to best support and develop networks</p> <p>Participant on GM Leadership for Inclusion programme – bringing senior leaders together across GM to focus on leadership of the race equality agenda. Involved in drafting a GM wide statement of commitment which it is hoped will be adopted by the mayor and GM public sector bodies.</p>	<p>raise awareness and educate staff on these issues</p> <p>Published her own LGBT hero piece as part of LGBT History month.</p>	<p>Bi-Monthly National Ambulance HR Directors Group meetings</p> <p>Liaison with ENEI (Employers Network for Equality & Inclusion)</p> <p>Monthly NW HRD Network meetings</p> <p>Bi-Monthly NHS Staff Council Plenary meetings (EDI Updates included)</p> <p>Monthly and quarterly NASPF meetings</p> <p>Monthly People Digital Advisory and System Leadership Working Meeting</p> <p>Attended various Health and Wellbeing meetings</p>
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The Director of Corporate Affairs is Executive Champion of the Armed Forces Network and attended the following events during 2021/22:

<p>NHS Providers Governance and Quality Conference on Cognitive Bias and How Leaders Can Minimise it – 19th May 2021</p>	<p>NHS Confed NHS Non-Execs Driving Diverse Leadership – 15th June 2021</p>	<p>Racism at NWAS Roundtable – 21st October 2021</p>
<p>Women in Leadership at NWAS Roundtable – 8th March 2022</p>	<p>Diversity and Inclusion Sub-Committee – 4th May 2021</p>	<p>NWAS ED&I Networks Council – 14th February 2022</p>

The Director of Strategy, Partnerships and Integration and Director of Operations are joint Executive Champions for the Race Equality Network and met with the Chairs on a regular basis and attended the network meetings.

The Director of Strategy, Partnerships and Integration is a member of the North West BAME Assembly which meets on a quarterly basis. He also attended the following meetings during the period:

<p>Chair of Diversity and Inclusion Sub Committee</p>	<p>National BAME Forum ‘race for care’ virtual conference – 7 October 2021</p>	<p>Hosted the Racism Roundtable – 21st October 2021</p>	<p>Disability Network Launch – 14th December 2021</p>
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MIAA collaboration masterclass 'Leading Diversity – Having Brave Conversations' – 27 January 2022	AACE Women in Leadership Seminar – 7th March 2022	Women in Leadership Roundtable – 8th March 2022	
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Supported the Chair of the Race Equality Network for Black History Month in October 2021 sharing his thoughts on the importance for action to be undertaken to understand and address inequalities that exist today.

The Director of Operations implemented a standing agenda item on his Senior Management Team meetings and invited a different guest each month from the networks/inclusion team to discuss latest work/projects. This allowed the Director of Operations to brief the Senior Operations teams in relation to the latest EDI work and progress and to identify areas of improvement.

The Director of Quality, Innovation and Improvement is the Executive Champion of the Gender Equality Matters Network (GEMS) – the network was created by the women of NWAS and is a network for all women. She also led the Women's in Leadership programme, together with the Medical Director which resulted in the Women's Network launch in 2022/23. In addition, she published a blog – 'Does Equality Matter' in the NWAS Weekly Bulletin on 8th March 2022.

The Medical Director is a Champion of the Women in Leadership programme and has attended a number of sessions during 2021/22. He has also attended the following external meetings:

AACE and College of Paramedics: Employee Wellbeing and Suicide Prevention Workshop – 12th November 2021	AACE Roundtable: Ambulance Sector Role in Health Improvement and Reducing Health Inequalities – 1st February 2022
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The Director of Finance is the Executive Champion for the Disability Network and attended its launch on 14th December 2021, in addition to the network meetings. She also attended the following external events:

National Women in Leadership for NHS Finance – 2nd November 2021	MIAA collaboration masterclass 'Leading Diversity – Having Brave Conversations' – 27 January 2022	AACE Roundtable: Ambulance Sector Role in Health Improvement and Reducing Health Inequalities – 1st February 2022
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The Chief Executive has continued to support the internal networks and met with the Chairs of the Disability Forum Network, Race Equality Network, LGBT+ Network and supported the launch of the Disability Network. He also attended a number of external meetings to support the EDI agenda as follows:

Discussion regarding the Anti Racism Agenda with the NW Regional Director of the Royal Nursing College - 27th July 2021	Liverpool Race Equality Taskforce Meeting – 19th August 2021
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<p>NHS Providers Annual Conference and attended the keynote speech relating to Exploring Allyship and Antiracism, focussing on what can be built into our working lives – 16th November 2021</p>	<p>Series of Race Ahead conversations and panel discussions arranged by NHS England People Directorate focussing on; Zero tolerance; Leadership that makes a difference; Improving Health and Wellbeing for all staff; Strategic approaches to achieving racial equality.</p>
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The Chief Executive as Chair of AACE and member of The Royal Foundation’s Emergency Responder Leaders Board, supported and attended The Royal Foundation’s Emergency Services Mental Health Symposium, co-hosted by the Association of Ambulance Chief Executives and the other emergency services, where The Duke of Cambridge announced a new package of mental health support for emergency service workers.

AACE hosted a webinar on 8th March 2022 covering a range of topics relating to women in leadership. The Director of Quality, Innovation and Improvement discussed how ambulance services can improve and what needs to happen for us to eradicate sexism within the service. Maxine is a real champion for women in leadership.

Following the statistic released from the Office of National Statistics indication that male paramedics are 75% more likely to take their own life than any other health care professional, the Chief Executive as Chair of AACE partnered with the Chief Allied Health Professions Officer for England to commission a programme of work and established an ambulance sector suicide prevention and wellbeing advisory group.

As a result three publications were launched:

<p>‘Working Together to Prevent Suicide in the Ambulance Service – A National Consensus Statement for England’</p>	<p>‘Prevention of Suicide in the Ambulance Service – What we Know’</p>	<p>‘Working Together to prevent suicide in the Ambulance Service – next Steps’</p>
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Further support is being developed to help address the tragic link between suicide and working in the ambulance service.

4.1.3. Barriers/challenges/difficulties:

<p>CORPORATE GOVERNANCE</p>
<p>The Board of Directors support the EDI agenda and priorities, the challenges vary from changes in Board membership to the large number of projects, networks and initiatives being undertaken by the Trust that on occasion it may be difficult to gain Board presence at all the events.</p>
<p>Despite this, the commitment from the Board is illustrated through the number of engagements undertaken throughout 2021/22</p>

4.1.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

CORPORATE GOVERNANCE

The Board clearly supports all work undertaken to progress the equality, diversity and inclusion agenda. The aim is keep the conversation fresh at Board level with continuous education relating to these topics into 2022/23.

The Board through the Committee assurance structure will continue to receive assurance and annual reports, with further opportunity to become further involved to support developments. Network Chairs/Deputy Chairs will become formal members of the Diversity and Inclusion Sub Committee for 2022/23.

The Chairman is the Non-Executive champion for equality, diversity and inclusion and will continue to drive this agenda forward.

Objectives relating to equality and diversity were set for 2021/22 and have been implemented into the objectives of senior managers to provide visible leadership around the diversity and inclusion agenda. This continues at Board level who are leading from the front in order to promote equality and equity across the organisation.

4.2. Papers that come from the Board and other major committees identify equality related impacts including risks, and say how these risks are to be managed.

4.2.1. What this means to NWAS in practice:

CORPORATE GOVERNANCE

Any recognised Equality related impacts are a key focus of the reporting processes to the Board of Directors, Committees and Sub-Committees. The Corporate Governance Team support this work through the use of report templates and report the completion of Equality Impact Assessments for Policies, procedures and strategies to the Executive Leadership Committee.

Risks are discussed: both the broader aspects of approaches and the impact on individual groups.

4.2.2. Progress/highlights 2021-2022:

CORPORATE GOVERNANCE

Review of documentation including reference to Equality Impact Assessment documents. All covering reports submitted to Board, Committees and Executive Management Committee have any equality related impacts identified on the front sheet so that it is immediately visible.

The report templates for all meetings within the Trust, including Board of Directors, Committees and Sub Committee include a section on the front cover to indicate whether there are any equality related impacts. Within the main body of the report, there is a section to include any Legal, Risk or Governance Implications.

During 2021/22, the report templates were updated to include a further section within the main body of the report for authors to include further information relating to equality impacts.

The Board receives information about the staff survey and information about the responses of different staff groups.

The Board and Committees have sight of action plans for projects and for work supporting particular groups, such as the WRES, WDES and gender pay gap and their action plans.

The Board review and approve the Annual Equality report.

4.2.3. Barriers/challenges/difficulties:

CORPORATE GOVERNANCE

Equality related impacts are not always recognised by authors of reports and policies however is an improving position and will continue to be strengthened.

4.2.4. April 2022 - March 2023 (Work being carried out to meet this overarching objective)

CORPORATE GOVERNANCE

Report templates are reviewed on an annual basis to ensure they remain fit for purpose and capture the required information, particularly in relation to equality and risks.

The Corporate Governance Team will continue to support the reporting completion of EIAs to the Executive Leadership Committee for all policies, procedures and strategies.

4.3. Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

4.3.1. What this means to NWAS in practice:

L&OD

At NWAS, cultural competence work is focused on achieving the ability to leverage diversity for improved staff experience and patient care. Our work is dedicated to progressing managers and leaders of services and people to work in culturally competent ways towards actively reducing any disparity in staff and patient experience and outcome for underrepresented groups. The key messages made to staff to help develop cultural competency is to:

- Use evidence and data when making decisions
- Have a healthy scepticism for own decision making

- Being aware of our own over confidence in decision making (may make it difficult to correct prejudice and bias)
- Make contact with people not like you

4.3.2. Progress/highlights 2021-2022:

L&OD

To date, we have:

- Embedded 'cultural competence' learning into our leadership flagship programme called 'Making a Difference'
- Embedded cultural competence into each of our training packages
- Embedded cultural competence into each of the HR Masterclass training packages
- Invested in a national NHS Reciprocal Mentoring programme to drive cultural competence in service design, development and delivery
- Supported the maturity of staff networks to respond more effectively as conduits for growing cultural competency across NWAS's decision making infrastructure
- **Made our first steps to embedding cultural competence into our Mandatory training packages.**

4.3.3. Barriers/challenges/difficulties:

L&OD

Embedding the above interventions with pace due to the demand on NWAS services.

The staff focus on health and wellbeing interventions refocused leadership development on maintaining personal and professional resilience over inclusive leadership development, however, cultural competence embedding was obtained. The challenge now is ensuring those delivering this aspect of their training programme are comfortable and competent with the material.

4.3.4 April 2022 - March 2023 (Work being carried out to meet this overarching objective)

L&OD

The work for this theme is described above and will continue over this year.